

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

COGHILL FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	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))	21977.89	45562.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21977.89	45562.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43282.79	71388.11
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	43282.79	71388.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	4276.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	34118.42	

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

COGHILL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16546.00	33596.00
(ii) Unitemized.....	5431.89	11966.90
(iii) TOTAL of contributions from individuals ▶	21977.89	45562.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21977.89	45562.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	19954.00	30101.42
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	19954.00	30101.42
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)..... ▶	41931.89	75664.32

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.....	43282.79	71388.11
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) ►	43282.79	71388.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5627.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41931.89
25. SUBTOTAL (add Line 23 and Line 24).....	47559.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43282.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4276.21

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 62
(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)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alkhatib, Basil, , ,

Mailing Address 6431 East Sierra Vista Drive

City Paradise Valley State AZ Zip Code 85253

FEC ID number of contributing federal political committee. C

Name of Employer Basil Alkhatib Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
34913.81

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 14 / 2025

Transaction ID : SA11AI.4903.0

Amount of Each Receipt this Period
500.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 7440 North Sepulveda Boulevard

City Van Nuys State CA Zip Code 91405

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 08 / 2025

Transaction ID : SA11AI.4779

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

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

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

1000.00

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 62	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4779.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 21859 W Lake Ave

City Round Lake	State IL	Zip Code 60073
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5258

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 21859 W Lake Ave

City Round Lake	State IL	Zip Code 60073
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FEC ID number of contributing federal political committee.

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

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
41374.69

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2025

Transaction ID : SA11AI.4974.0

Amount of Each Receipt this Period
2000.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 238 Westerfield Pl

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period
200.00

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33752.81

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : SA11AI.4870.0

Amount of Each Receipt this Period
200.00

Memo Item
Note: Above Contribution earmarked through this organization

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

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

200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cain, Eileen, , ,

Mailing Address 720 Mahi'ai St. Apt. E

City Honolulu State HI Zip Code 96826

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2025

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period
100.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
29727.13

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2025

Transaction ID : SA11AI.4849.0

Amount of Each Receipt this Period
100.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 720 Mahi'ai St. Apt. E

City Honolulu State HI Zip Code 96826

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2025

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period
100.00

Memo Item
Earmarked Contribution: See Below

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

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

200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 62	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

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

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5003.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 1205 Ashbrook Dr

City Mundelein	State IL	Zip Code 60060
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FEC ID number of contributing federal political committee.

Name of Employer MAMMC Solutions	Occupation VP Administration
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

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

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4780.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

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

Mailing Address 1205 Ashbrook Dr

City Mundelein State IL Zip Code 60060

FEC ID number of contributing federal political committee. C

Name of Employer MAMMC Solutions Occupation VP Administration

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period
100.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28185.13

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.4815.0

Amount of Each Receipt this Period
100.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 1205 Ashbrook Dr

City Mundelein State IL Zip Code 60060

FEC ID number of contributing federal political committee. C

Name of Employer MAMMC Solutions Occupation VP Administration

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2385.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period
35.00

Memo Item
Earmarked Contribution: See Below

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

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

135.00

**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 11 OF 62
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

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

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4877.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 1205 Ashbrook Dr

City Mundelein	State IL	Zip Code 60060
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FEC ID number of contributing federal political committee.

Name of Employer MAMMC Solutions	Occupation VP Administration
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4880.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

**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 12 OF 62	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

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

Mailing Address 1205 Ashbrook Dr

City Mundelein	State IL	Zip Code 60060
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FEC ID number of contributing federal political committee. **C**

Name of Employer MAMMC Solutions	Occupation VP Administration
-------------------------------------	---------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2945.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2025

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
38662.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2025

Transaction ID : SA11AI.4950.0

Amount of Each Receipt this Period
500.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 380 Mountain Rd

City Union City	State NJ	Zip Code 07087
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FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Bank of Canada	Occupation Finance
--	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2025

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period
26.00

Memo Item
Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	526.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 62	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4967.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 1621 Elmwood Ave

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Northwestern University	Occupation Professor
---	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4908.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Haider, Syed, , ,

Mailing Address 4593 Patricia Dr

City Long Grove State IL Zip Code 60047

FEC ID number of contributing federal political committee. C

Name of Employer Advocate Aurora Health Occupation MD

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2025

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
39038.69

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2025

Transaction ID : SA11AI.4953.0

Amount of Each Receipt this Period
250.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 1124 10th St

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2025

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
24702.86

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2025

Transaction ID : SA11AI.4767.0

Amount of Each Receipt this Period
500.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 1124 10th St

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period
1500.00

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33456.63

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA11AI.4868.0

Amount of Each Receipt this Period
1500.00

Memo Item
Note: Above Contribution earmarked through this organization

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

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

1500.00

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 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Maali, Sheri, , ,

Mailing Address 718 Midwest Club Pkwy

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

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Transaction ID : SA11AI.4869.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 545 West 111th Street

City Manhattan	State NY	Zip Code 10025
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer R-New York	Occupation Real Estate
--------------------------------	---------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
37209.81

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2025

Transaction ID : SA11AI.4921.0

Amount of Each Receipt this Period
250.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 351 Baltimore Drive

City Vernon Hills State IL Zip Code 60061

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Captain James Lovell FHCC North Chicag Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2025

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
37820.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2025

Transaction ID : SA11AI.4938.0

Amount of Each Receipt this Period
250.00

Memo Item
Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shah, Nadia, , ,

Mailing Address 4593 Patricia dr

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2025

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 38122.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2025

Transaction ID : SA11AI.4942.0

Amount of Each Receipt this Period
250.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 4593 Patricia dr

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2025

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 62	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="42989.27"/>

Date of Receipt
 / /

Transaction ID : SA11AI.4999.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 130 Adelaide Drive

City Santa Monica	State CA	Zip Code 90402
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="250.00"/>

Date of Receipt
 / /

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="34202.81"/>

Date of Receipt
 / /

Transaction ID : SA11AI.4888.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tiven, Rachel, , ,

Mailing Address 245 W 104th Street

City New York State NY Zip Code 10025

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

Name of Employer CUNY Occupation student

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
29301.13

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : SA11AI.4839.0

Amount of Each Receipt this Period
500.00

Memo Item
Note: Above Contribution earmarked through this organization

C. Full Name (Last, First, Middle Initial)
Vander Meulen, Allen, , ,

Mailing Address 48 Lincoln Rd

City Wayland State MA Zip Code 01778

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked Contribution: See Below

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

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

1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : SA11AI.4910.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 16747 NW Waterford Way

City Portland State OR Zip Code 97229

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2025

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2025

Transaction ID : SA11AI.4751.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Winkler, Darleen, , ,
 Mailing Address 736 Woodlawn Ave

City Lake Forest	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2025

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period
 350.00

Memo Item
 Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
 ActBlue Technical Services
 Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 28055.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2025

Transaction ID : SA11AI.4814.0

Amount of Each Receipt this Period
 350.00

Memo Item
 Note: Above Contribution earmarked through this organization

C. Full Name (Last, First, Middle Initial)
 Witham, Jessica, , ,
 Mailing Address 246 North Deer Isle Road

City Deer Isle	State ME	Zip Code 04627
-------------------	-------------	-------------------

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

Name of Employer CSD #13 Deer Isle Maine	Occupation Educator
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2025

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period
 25.00

Memo Item
 Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	375.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28801.13

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : SA11AI.4836.0

Amount of Each Receipt this Period
25.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 246 North Deer Isle Road

City Deer Isle State ME Zip Code 04627

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

Name of Employer Occupation
CSD #13 Deer Isle Maine Educator

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2025

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period
25.00

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
37397.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2025

Transaction ID : SA11AI.4931.0

Amount of Each Receipt this Period
25.00

Memo Item
Note: Above Contribution earmarked through this organization

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

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: PAGE 24 OF 62
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Witham, Jessica, , ,

Mailing Address 246 North Deer Isle Road

City: Deer Isle State: ME Zip Code: 04627

FEC ID number of contributing federal political committee: C

Name of Employer: CSD #13 Deer Isle Maine Occupation: Educator

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 375.00

Date of Receipt: 12 / 27 / 2025

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period: 25.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City: Boston State: MA Zip Code: 02196

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 41989.27

Date of Receipt: 12 / 27 / 2025

Transaction ID : SA11AI.4998.0

Amount of Each Receipt this Period: 25.00

Memo Item
Note: Above Contribution earmarked through this organization

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:

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)..... ▶	16546.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 62
(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)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COGHILL, MORGAN, , ,

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11285.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA13A.5259

Amount of Each Receipt this Period
1138.00

Memo Item

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

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11320.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA13A.5268

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14020.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : SA13A.5260

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3873.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COGHILL, MORGAN, , ,

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14920.42

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 20 / 2025

Transaction ID : SA13A.5265

Amount of Each Receipt this Period
900.00

Memo Item

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

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16201.42

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 25 / 2025

Transaction ID : SA13A.5263

Amount of Each Receipt this Period
1281.00

Memo Item

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

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
20201.42

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 26 / 2025

Transaction ID : SA13A.5261

Amount of Each Receipt this Period
4000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6181.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COGHILL, MORGAN, , ,

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
21102.67

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 03 / 2025

Transaction ID : SA13A.5264

Amount of Each Receipt this Period
901.25

Memo Item

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

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25102.67

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

Transaction ID : SA13A.5262

Amount of Each Receipt this Period
4000.00

Memo Item

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

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN State IL Zip Code 60060

FEC ID number of contributing federal political committee. **C** H6IL10168

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
27566.42

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 14 / 2025

Transaction ID : SA13A.5266

Amount of Each Receipt this Period
2463.75

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7365.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 28 OF 62	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COGHILL, MORGAN, , ,

Mailing Address 781 S. MIDLOTHIAN ROAD
#113

City MUNDELEIN	State IL	Zip Code 60060
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL10168

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
30101.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2025

Transaction ID : SA13A.5267

Amount of Each Receipt this Period
2535.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2535.00
TOTAL This Period (last page this line number only).....▶	19954.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 62			
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 24.45
Candidate Name		Transaction ID : SB17.5059
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 111.53
Candidate Name		Transaction ID : SB17.5060
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 41.90
Candidate Name		Transaction ID : SB17.5061
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).....▶	177.88
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 30 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 27.29
Candidate Name		Transaction ID : SB17.5062
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 41.53
Candidate Name		Transaction ID : SB17.5063
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 161.04
Candidate Name		Transaction ID : SB17.5064
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).....▶	229.86
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 31 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 79.87
Candidate Name		Transaction ID : SB17.5065
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 56.85
Candidate Name		Transaction ID : SB17.5066
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 8.23
Candidate Name		Transaction ID : SB17.5067
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).....▶	144.95
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 32 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 22.22
Candidate Name		Transaction ID : SB17.5068
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 38.20
Candidate Name		Transaction ID : SB17.5069
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement merchant and credit card fees		Amount of Each Disbursement this Period 99.57
Candidate Name		Transaction ID : SB17.5070
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).....▶	159.99
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 33 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025	
Mailing Address PO Box 962017			FEC Identification Number C	
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 59.31	
Purpose of Disbursement merchant and credit card fees			Transaction ID : SB17.5071	
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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025	
Mailing Address PO Box 962017			FEC Identification Number C	
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 33.35	
Purpose of Disbursement merchant and credit card fees			Transaction ID : SB17.5072	
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. Amalgamated Bank			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025	
Mailing Address 1825 K St			FEC Identification Number C	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 65.00	
Purpose of Disbursement bank fees			Transaction ID : SB17.5043	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	157.66
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St

City Washington State DC Zip Code 20006

Purpose of Disbursement bank fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 51.96

Transaction ID : SB17.5050

Memo Item

Full Name (Last, First, Middle Initial)

B. Bison Strategies

Mailing Address 2038 Ford Pkway

City St. Paul State MN Zip Code 55116

Purpose of Disbursement compliance consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.5045

Memo Item

Full Name (Last, First, Middle Initial)

C. Bison Strategies

Mailing Address 2038 Ford Pkway

City St. Paul State MN Zip Code 55116

Purpose of Disbursement compliance consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.5049

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1951.96

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 35 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Euforia Cafe		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2025
Mailing Address 2202 Grand Ave		FEC Identification Number C
City Waukegan	State IL	Zip Code 60085
Purpose of Disbursement food and beverage		Amount of Each Disbursement this Period 2463.75
Candidate Name	Category/Type	Transaction ID : SB17.5281
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. Integerated Solutions: Political		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2025
Mailing Address 4142 Adams Ave Suite 103-550		FEC Identification Number C
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement software		Amount of Each Disbursement this Period 650.00
Candidate Name	Category/Type	Transaction ID : SB17.5032
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. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	Transaction ID : SB17.5033
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).....▶	4113.75
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 36 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : SB17.5035
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. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.5054
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. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.5273
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).....▶	8000.00
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 37 OF 62	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : SB17.5040
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. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : SB17.5274
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. Karr, Gregory, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025
Mailing Address 3942 W Wrightwood Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60647
Purpose of Disbursement strategy consulting		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : SB17.5275
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).....▶	12000.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 405 N Angier Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
email service

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 26 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
138.00

Transaction ID : SB17.5271

Memo Item

Full Name (Last, First, Middle Initial)

B. Mailchimp

Mailing Address 405 N Angier Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
email service

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 07 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
35.00

Transaction ID : SB17.5269

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 405 N Angier Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
email service

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 25 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
135.00

Transaction ID : SB17.5270

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 308.00

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 405 N Angier Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement email service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 12 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 135.00

Transaction ID : SB17.5272

Memo Item

Full Name (Last, First, Middle Initial)

B. Minuteman Printing

Mailing Address 1249 N Clybourn Ave

City Chicago State IL Zip Code 60610

Purpose of Disbursement literature Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.5034

Memo Item

Full Name (Last, First, Middle Initial)

C. Minuteman Printing

Mailing Address 1249 N Clybourn Ave

City Chicago State IL Zip Code 60610

Purpose of Disbursement literature printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1146.00

Transaction ID : SB17.5278

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1331.00

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 40 OF 62	
	<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)
COGHILL FOR CONGRESS

A. Minuteman Printing

Full Name (Last, First, Middle Initial)
Mailing Address 1249 N Clybourn Ave

City Chicago State IL Zip Code 60610

Purpose of Disbursement promotional item printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 901.25

Transaction ID : SB17.5277

Memo Item

B. Outfront Media

Full Name (Last, First, Middle Initial)
Mailing Address 1233 W Monroe St

City Chicago State IL Zip Code 60607

Purpose of Disbursement outdoor advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 12 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2400.00

Transaction ID : SB17.5279

Memo Item

C. PAD Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 400 SW 11th St

City Des Moines State IA Zip Code 50309

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.5039

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4801.25

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 41 OF 62			
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PAD Consulting

Mailing Address 400 SW 11th St

City Des Moines State IA Zip Code 50309

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.5042

Memo Item

Full Name (Last, First, Middle Initial)

B. PAD Consulting

Mailing Address 400 SW 11th St

City Des Moines State IA Zip Code 50309

Purpose of Disbursement Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.5046

Memo Item

Full Name (Last, First, Middle Initial)

C. Taylor, Trey, , ,

Mailing Address 26 Irene Court

City Broomfield State CO Zip Code 80020

Purpose of Disbursement event entertainment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2700.00

Transaction ID : SB17.5283

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5700.00

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Weglot		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address 7 Cite Paradis		FEC Identification Number C
City Paris	State ZZ	Zip Code 75010
Purpose of Disbursement software		Amount of Each Disbursement this Period 33.51
Candidate Name		Transaction ID : SB17.5041
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. Weglot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 7 Cite Paradis		FEC Identification Number C
City Paris	State ZZ	Zip Code 75010
Purpose of Disbursement software		Amount of Each Disbursement this Period 34.21
Candidate Name		Transaction ID : SB17.5051
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. Which Side Digital		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address 9710 Park Plaza Ave		FEC Identification Number C
City Louisville	State KY	Zip Code 40241
Purpose of Disbursement Digital Strategy		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : SB17.5036
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	967.72
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 43 OF 62		
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Which Side Digital

Mailing Address 9710 Park Plaza Ave

City Louisville State KY Zip Code 40241

Purpose of Disbursement Digital Strategy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.5276

Memo Item

Full Name (Last, First, Middle Initial)

B. Which Side Digital

Mailing Address 9710 Park Plaza Ave

City Louisville State KY Zip Code 40241

Purpose of Disbursement Digital Strategy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.5047

Memo Item

Full Name (Last, First, Middle Initial)

C. Which Side Digital

Mailing Address 9710 Park Plaza Ave

City Louisville State KY Zip Code 40241

Purpose of Disbursement Digital Strategy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.5048

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	42744.02

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4179**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
COGHILL, MORGAN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 22 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4099**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
COGHILL, MORGAN, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3600.00	0.00	3600.00

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	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 30 / 2025			

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).....▶	3600.00
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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4735

COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

COGHILL, MORGAN, , ,

Primary

General

Other (specify) ▼

Mailing Address

781 S. MIDLOTHIAN ROAD
#113

City

MUNDELEIN

State

IL

ZIP Code

60060

Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 / 24 / 2025

M M / D D / Y Y Y Y

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

100.00

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4736**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 24 / 2025			<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).....▶	100.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4728**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 28 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2500.00
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/10.4732**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
747.42	0.00	747.42

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 04 / 2025	M M / D D / Y Y Y Y	% (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).....▶	747.42
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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4737

COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

COGHILL, MORGAN, , ,

Primary

General

Other (specify) ▼

Mailing Address

781 S. MIDLOTHIAN ROAD
#113

City

MUNDELEIN

State

IL

ZIP Code

60060

Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 / 24 / 2025

M M / D D / Y Y Y Y

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4730
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COGHILL, MORGAN, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> Personal Funds of the Candidate
City MUNDELEIN	State IL	ZIP Code 60060	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 28 / 2025	M M / D D / Y Y Y Y	% (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: <input style="width: 150px;" type="text"/>	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>	
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>	

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text"/>

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/10.5259**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1138.00	0.00	1138.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 30 / 2025	M M / D D / Y Y Y Y	% (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).....▶	1138.00
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/10.5268
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COGHILL, MORGAN, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> Personal Funds of the Candidate
City MUNDELEIN	State IL	ZIP Code 60060	

Original Amount of Loan 35.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 35.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 11 / 07 / 2025	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (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).....▶	35.00
TOTALS This Period (last page in this line only).....▶	(Empty box)

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/10.5260**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2700.00	0.00	2700.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 14 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2700.00
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/10.5265
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COGHILL, MORGAN, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> Personal Funds of the Candidate
City MUNDELEIN	State IL	ZIP Code 60060	

Original Amount of Loan 900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 900.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 11 / 20 / 2025	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (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).....▶	900.00
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/10.5263**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1281.00	0.00	1281.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 25 / 2025	M M / D D / Y Y Y Y	% (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).....▶	1281.00
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/10.5261
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COGHILL, MORGAN, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> Personal Funds of the Candidate
City MUNDELEIN	State IL	ZIP Code 60060	

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 11 / 26 / 2025	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (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).....▶	4000.00
TOTALS This Period (last page in this line only).....▶	(Empty field)

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/10.5264**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
901.25	0.00	901.25

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 03 / 2025	M M / D D / Y Y Y Y	% (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).....▶	901.25
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/10.5262
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COGHILL, MORGAN, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> Personal Funds of the Candidate
City MUNDELEIN	State IL	ZIP Code 60060	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 12 / 2025	M M / D D / Y Y Y Y	% (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).....▶	4000.00
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/10.5266**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2463.75	0.00	2463.75

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 14 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2463.75
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/10.5267**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2535.00	0.00	2535.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 26 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2535.00
TOTALS This Period (last page in this line only).....▶	30101.42

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGHILL, MORGAN, , ,			Nature of Debt (Purpose): website reimbursement
Mailing Address 781 S. MIDLOTHIAN ROAD #113			
City MUNDELEIN	State IL	Zip Code 60060	

Outstanding Balance Beginning This Period 754.00	Transaction ID : SD10.4242	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 754.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGHILL, MORGAN, , ,			Nature of Debt (Purpose): Digital Media Reimbursement
Mailing Address 781 S. MIDLOTHIAN ROAD #113			
City MUNDELEIN	State IL	Zip Code 60060	

Outstanding Balance Beginning This Period 3168.00	Transaction ID : SD10.4244	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3168.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGHILL, MORGAN, , ,			Nature of Debt (Purpose): software reimbursement
Mailing Address 781 S. MIDLOTHIAN ROAD #113			
City MUNDELEIN	State IL	Zip Code 60060	

Outstanding Balance Beginning This Period 95.00	Transaction ID : SD10.4245	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 95.00

1) SUBTOTALS This Period This Page (optional)	4017.00
2) TOTALS This Period (last page this line number only)	4017.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	30101.42
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	34118.42