

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Marter for Congress

ADDRESS (number and street)

233 Fox Chase Drive North

Check if different
than previously
reported. (ACC)

Oswego

IL

60543

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00657361

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IL

14

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2021

through

M M / D D / Y Y Y Y
06 / 30 / 2021

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

Weber, Steve, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Weber, Steve, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2021

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 73

Write or Type Committee Name
Marter for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2021

To:

M M / D D / Y Y Y Y
06 / 30 / 2021

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12264.77	14577.77
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	12264.77	14577.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6738.82	7767.89
(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))	6738.82	7767.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8483.93	
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)	61027.35	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 73

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Marter for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

3750.00

3750.00

(ii) Unitemized.....

8514.77

10827.77

(iii) TOTAL of contributions from individuals ▶

12264.77

14577.77

(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))..

12264.77

14577.77

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

27.47

151.47

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

1424.57

2274.57

(b) All Other Loans.....

0.00

0.00

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

1424.57

2274.57

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)..... ▶

13716.81

17003.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6738.82	7767.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	869.84	869.84
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7608.66	8637.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2375.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13716.81
25. SUBTOTAL (add Line 23 and Line 24).....	16092.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7608.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8483.93

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 5 OF 73

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 1258 Sun Road

City Washburn	State IL	Zip Code 61570
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Restaurant Owner
--------------------------	--------------------------------

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 24 2021

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 1258 Sun Road

City Washburn	State IL	Zip Code 61570
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Restaurant Owner
--------------------------	--------------------------------

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

Mailing Address 38W095 Heritage Oaks Dr

City St Charles	State IL	Zip Code 60175
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Media
--------------------------	---------------------

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

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2021

Transaction ID : SA11AI.6107

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1350.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City Sanford	State NC	Zip Code 27332
-----------------	-------------	-------------------

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

Name of Employer Self	Occupation Campaign Marketing
--------------------------	----------------------------------

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

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 01 2021

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

Mailing Address 1406 Cherokee Trail

City Sanford	State NC	Zip Code 27332
-----------------	-------------	-------------------

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

Name of Employer Self	Occupation Campaign Marketing
--------------------------	----------------------------------

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

Election Cycle-to-Date ▼
1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 13 2021

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

600.00

☐ Memo Item
Contribution

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

Mailing Address 1406 Cherokee Trail

City Sanford	State NC	Zip Code 27332
-----------------	-------------	-------------------

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

Name of Employer Self	Occupation Campaign Marketing
--------------------------	----------------------------------

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

Election Cycle-to-Date ▼
1550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 24 2021

Transaction ID : SA11AI.6216

Amount of Each Receipt this Period

450.00

☐ Memo Item
Contribution

1550.00

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

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

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Gelman, Lawrence, , ,

Mailing Address 3900 Sundown Dr

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer MAC	Occupation Physician
-------------------------	-------------------------

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

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2021

Transaction ID : SA11AI.5816

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

Mailing Address 15200 Melms

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

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

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

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

Election Cycle-to-Date ▼
 225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2021

Transaction ID : SA11AI.6070

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

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

Mailing Address 15200 Melms

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

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

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

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

Election Cycle-to-Date ▼
 275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11AI.6094

Amount of Each Receipt this Period

50.00

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

600.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Veldhouse, Lonnie, , ,

Mailing Address 704 Marcus Ct

City Chillicothe State IL Zip Code 61523

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

Name of Employer Retired Occupation Retired

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

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 14 2021

Transaction ID : SA11AI.5758

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00

3750.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
ARVIEW FOR SENATE

Mailing Address 407 E POPLAR

City WEST FRANKFORT State IL Zip Code 62896

FEC ID number of contributing federal political committee. **C** C00773978

Name of Employer Occupation

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

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 20 2021

Transaction ID : SA12.6616

Amount of Each Receipt this Period

27.47

☐ Memo Item
 Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

27.47

27.47

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

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

FOR LINE NUMBER:
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
851.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2021

Transaction ID : SA13A.6172

Amount of Each Receipt this Period

1.00

☐ Memo Item
Been Verified

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
960.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2021

Transaction ID : SA13A.6165

Amount of Each Receipt this Period

109.84

☐ Memo Item
Reagan Day Dinner

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
987.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2021

Transaction ID : SA13A.6166

Amount of Each Receipt this Period

26.89

☐ Memo Item
Been Verified

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

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

137.73

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 73

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 233 Fox Chase Drive North

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

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

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

Receipt For: 2021
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1412.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2021

Transaction ID : SA13A.6220

Amount of Each Receipt this Period

424.50

☐ Memo Item
 Keap

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
 1434.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2021

Transaction ID : SA13A.6222

Amount of Each Receipt this Period

21.97

☐ Memo Item
 Strategy

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
 1461.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 09 / 2021

Transaction ID : SA13A.6173

Amount of Each Receipt this Period

26.89

☐ Memo Item
 Been Verified

473.36

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)

PAGE 12 OF 73

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
1561.09

Date of Receipt

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

Transaction ID : SA13A.6188

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 233 Fox Chase Drive North

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

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

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

Receipt For: 2021
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2155.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA13A.6221

Amount of Each Receipt this Period

594.30

☐ Memo Item
Keap

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
2186.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2021

Transaction ID : SA13A.6189

Amount of Each Receipt this Period

31.00

☐ Memo Item
Parking

725.30

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)

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
2213.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2021

Transaction ID : SA13A.6176

Amount of Each Receipt this Period

26.89

☐ Memo Item
Been Verified

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
2263.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2021

Transaction ID : SA13A.6190

Amount of Each Receipt this Period

50.00

☐ Memo Item
Dinner

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

Mailing Address 233 Fox Chase Drive North

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

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

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

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

Election Cycle-to-Date ▼
2274.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

Transaction ID : SA13A.6191

Amount of Each Receipt this Period

11.29

☐ Memo Item
Emails

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

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

88.18
1424.57

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

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

447.21

Transaction ID : SB17.6114

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

Candidate Name

Marter for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.6122

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

Candidate Name

Marter for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

594.00

Transaction ID : SB17.6124

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

1281.21

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

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

PAGE 15 OF 73

☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6125

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

42.00

Transaction ID : SB17.6126

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

63.60

Transaction ID : SB17.6127

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

120.60

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

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

PAGE 16 OF 73

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

391.66

Transaction ID : SB17.6128

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.6129

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

189.00

Transaction ID : SB17.6130

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

649.66

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.6131

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.6132

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

144.00

Transaction ID : SB17.6133

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

267.00

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

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

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.6134

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.6136

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

100.80

Transaction ID : SB17.6137

☐ Memo Item

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

184.80

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

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

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

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6138

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.6139

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6140

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

105.00

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

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

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

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.6141

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.6142

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.6143

☐ Memo Item

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

102.00

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

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

PAGE 21 OF 73

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

167.58

Transaction ID : SB17.6226

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.6144

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

147.00

Transaction ID : SB17.6145

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

323.58

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

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

PAGE 22 OF 73

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

36.00

Transaction ID : SB17.6146

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

66.00

Transaction ID : SB17.6147

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.6148

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

252.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

Date of Disbursement

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

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

FEC Identification Number

C C00657361

Candidate Name

Marter for CongressCategory/
Type

Amount of Each Disbursement this Period

165.00

Transaction ID : SB17.6149

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2021

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

FEC Identification Number

C C00657361

Candidate Name

Marter for CongressCategory/
Type

Amount of Each Disbursement this Period

104.40

Transaction ID : SB17.6150

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2021

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

FEC Identification Number

C C00657361

Candidate Name

Marter for CongressCategory/
Type

Amount of Each Disbursement this Period

81.00

Transaction ID : SB17.6151

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

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

350.40

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

117.00

Transaction ID : SB17.6153

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.6154

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6155

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

144.00

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

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

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6156

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

29.40

Transaction ID : SB17.6158

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.6159

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

53.40

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

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

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

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Fritsch, Noel, , ,

Mailing Address 1406 Cherokee Trail

City
SanfordState
NCZip Code
27332Purpose of Disbursement
Marketing

003

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2021

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6160

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Keap

Mailing Address 1260 S. Spectrum Blvd

City
ChandlerState
AZZip Code
85286Purpose of Disbursement
Email Marketing

004

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

424.50

Transaction ID : SB17.6178

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Keap

Mailing Address 1260 S. Spectrum Blvd

City
ChandlerState
AZZip Code
85286Purpose of Disbursement
Email Marketing

004

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	1

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

594.30

Transaction ID : SB17.6179

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

1033.80

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Keap

Mailing Address 1260 S. Spectrum Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2021

City
ChandlerState
AZZip Code
85286

FEC Identification Number

C C00657361

Purpose of Disbursement
Email Marketing

004

Amount of Each Disbursement this Period

11.29

Transaction ID : SB17.6187

☐ Memo Item

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Full Name (Last, First, Middle Initial)

B. Mail ChimpMailing Address 675 Ponce DeLeon Ave
Northeast Suite 5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2021

City
AtlantaState
GAZip Code
30308

FEC Identification Number

C C00657361

Purpose of Disbursement
Mailing

004

Amount of Each Disbursement this Period

456.88

Transaction ID : SB17.6210

☐ Memo Item

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Full Name (Last, First, Middle Initial)

C. Mail ChimpMailing Address 675 Ponce DeLeon Ave
Northeast Suite 5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2021

City
AtlantaState
GAZip Code
30308

FEC Identification Number

C C00657361

Purpose of Disbursement
Mailing

004

Amount of Each Disbursement this Period

605.59

Transaction ID : SB17.6212

☐ Memo Item

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

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

1073.76

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

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

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Mail ChimpMailing Address 675 Ponce DeLeon Ave
Northeast Suite 5000City
AtlantaState
GAZip Code
30308Purpose of Disbursement
Mailing

004

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

605.59

Transaction ID : SB17.6213

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

605.59

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

6546.80

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

PAGE 29 OF 73

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. LaSalle County Republican Cental Committee

Mailing Address 2917 E 6th

City
LaSalleState
ILZip Code
61301Purpose of Disbursement
Reagan Day Dinner

008

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

109.84

Transaction ID : **SB18.6163**☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM RAND

Mailing Address PO BOX 190

City
NEWPORTState
KYZip Code
41072Purpose of Disbursement
Reception Fundraiser

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2021

FEC Identification Number

C C00766196

Amount of Each Disbursement this Period

250.00

Transaction ID : **SB18.6116**☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THREE HEADED EAGLE ALLIANCE PAC

Mailing Address 1348 THORIA ROAD

City
BATAVIAState
ILZip Code
60510Purpose of Disbursement
Contribution

008

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

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

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

100.00

Transaction ID : **SB18.6182**☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

459.84

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

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

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Will County Republican Central Committee

Mailing Address 20821 Briarwood Ln.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2021

City
MokenaState
ILZip Code
60448Purpose of Disbursement
Fundraising Dinner

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

160.00

Transaction ID : SB18.6118

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Will County Republican Central Committee

Mailing Address 20821 Briarwood Ln.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2021

City
MokenaState
ILZip Code
60448Purpose of Disbursement
Ads and Video

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

200.00

Transaction ID : SB18.6119

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Winnebago Republican Central CommitteeMailing Address 515 N. Court Street, Ste. 104
P.O. Box 7543

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2021

City
RockfordState
ILZip Code
61126Purpose of Disbursement
Dinner

FEC Identification Number

C C00657361

Candidate Name

Amount of Each Disbursement this Period

50.00

Transaction ID : SB18.6186

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

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

410.00

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

869.84

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

PAGE 31 OF 73

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

Transaction ID : SC/10.4107

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

343.84

0.00

343.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 01 D /

Y 2017 Y

M M /

D D /

Y N/A Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

343.84

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

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

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

PAGE 32 OF 73

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

Transaction ID : SC/10.4570

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

238.80

0.00

238.80

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 01 D /

Y 2017 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

238.80

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

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

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

PAGE 33 OF 73

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

Transaction ID : SC/10.4168

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 13^D

Y 2017 Y

M M

D D

Y N/A Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000.00

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

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

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

PAGE 34 OF 73

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

Transaction ID : SC/10.4169

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 23^D

Y 2017 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000.00

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

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

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

PAGE 35 OF 73

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

Transaction ID : SC/10.4167

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

95.47

0.00

95.47

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 25^D

Y 2017 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

95.47

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

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

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

PAGE 36 OF 73

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

Transaction ID : SC/10.4569

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3.00

0.00

3.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 30 D /

Y 2017 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

3.00

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

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

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

PAGE 37 OF 73

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

Transaction ID : SC/10.4208

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 13 D

Y 2018 Y

M M

D D

Y n/a Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

3500.00

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

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

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

PAGE 38 OF 73

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

Transaction ID : SC/10.4572

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

17.00

0.00

17.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 14 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

17.00

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

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

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

PAGE 39 OF 73

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

Transaction ID : SC/10.4209

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7000.00

0.00

7000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 16 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

7000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 73

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

Transaction ID : SC/10.4210

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 16 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5000.00

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

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

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

PAGE 41 OF 73

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

Transaction ID : SC/10.4211

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

17000.00

0.00

17000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 17 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

17000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 42 OF 73

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

Transaction ID : SC/10.4571

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

61.48

0.00

61.48

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M /

D 28 D /

Y 2018 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

61.48

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

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

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

PAGE 43 OF 73

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

Transaction ID : SC/10.4363

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

61.48

0.00

61.48

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 28 D /

Y 2018 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

61.48

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

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

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

PAGE 44 OF 73

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

Transaction ID : SC/10.4364

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

50.20

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.20

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

D 28 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50.20

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

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

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

PAGE 45 OF 73

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

Transaction ID : SC/10.4491

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

66.19

0.00

66.19

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 01 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

66.19

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 46 OF 73

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

Transaction ID : SC/10.4603

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

Marter, James, Thomas, ,

Election: 2018

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 11 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

200.00

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

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

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

PAGE 47 OF 73

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

Transaction ID : SC/10.4612

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

Marter, James, Thomas, ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 11 M

D 13 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50.00

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

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

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

PAGE 48 OF 73

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

Transaction ID : SC/10.4627

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 16 D /

Y 2019 Y

M M /

D D /

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

200.00

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

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

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

PAGE 49 OF 73

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

Transaction ID : SC/10.4728

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2800.00

0.00

2800.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

2800.00

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

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

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

PAGE 50 OF 73

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

Transaction ID : SC/10.4729

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

550.96

0.00

550.96

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

550.96

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

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

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

PAGE 51 OF 73

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

Transaction ID : SC/10.4730

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

46.80

0.00

46.80

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

46.80

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 52 OF 73

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

Transaction ID : SC/10.4731

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

37.20

0.00

37.20

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

37.20

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

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

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

PAGE 53 OF 73

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

Transaction ID : SC/10.4732

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

80.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 15 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

80.00

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

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

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

PAGE 54 OF 73

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

Transaction ID : SC/10.4629

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 17 D /

Y 2019 Y

M M /

D D /

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

2000.00

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

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

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

PAGE 55 OF 73

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

Transaction ID : SC/10.4733

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

78.50

0.00

78.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 26 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

78.50

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

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

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

PAGE 56 OF 73

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

Transaction ID : SC/10.4661

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

9000.00

0.00

9000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 28 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

9000.00

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

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

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

PAGE 57 OF 73

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

Transaction ID : SC/10.5547

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

999.00

0.00

999.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 11 D

Y 2020 Y

M M

D D

Y n/a Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

999.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 58 OF 73

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

Transaction ID : SC/10.5594

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3800.00

0.00

3800.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M /D 25^D /

Y 2020 Y

M M /

D D /

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

3800.00

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

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

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

PAGE 59 OF 73

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

Transaction ID : SC/10.5477

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

Marter, James, Thomas, ,

Election: 2020

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3472.86

0.00

3472.86

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 30 D /

Y 2020 Y

M M /

D D /

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

3472.86

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

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

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

PAGE 60 OF 73

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

Transaction ID : SC/10.5614

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

424.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

424.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 31 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

424.50

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

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

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

PAGE 61 OF 73

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

Transaction ID : SC/10.5615

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

425.50

0.00

425.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 01 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

425.50

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

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

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

PAGE 62 OF 73

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

Transaction ID : SC/10.6172

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1.00

0.00

1.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 02 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1.00

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

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

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

PAGE 63 OF 73

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

Transaction ID : SC/10.6165

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

109.84

0.00

109.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M

D 05 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

109.84

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

Transaction ID : SC/10.6166

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

26.89

0.00

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 10 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

26.89

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

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

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

PAGE 65 OF 73

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

Transaction ID : SC/10.6220

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

Marter, James, Thomas, ,

Election: 2021

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

424.50

0.00

424.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 01 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

424.50

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 66 OF 73

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

Transaction ID : SC/10.6222

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

21.97

0.00

21.97

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 01 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

21.97

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

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

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

PAGE 67 OF 73

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

Transaction ID : SC/10.6173

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

26.89

0.00

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 09 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

26.89

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

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

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

PAGE 68 OF 73

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

Transaction ID : SC/10.6188

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 12 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

100.00

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

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

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

PAGE 69 OF 73

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

Transaction ID : SC/10.6221

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

Marter, James, Thomas, ,

Election: 2021

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

594.30

0.00

594.30

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 31 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

594.30

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

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

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

PAGE 70 OF 73

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

Transaction ID : SC/10.6189

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

31.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 04 D

Y 2021 Y

M M

D D

Y n/a Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

31.00

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

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

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

PAGE 71 OF 73

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

Transaction ID : SC/10.6176

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

26.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 09 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

26.89

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

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

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

PAGE 72 OF 73

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

Transaction ID : SC/10.6190

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

Marter, James, Thomas, ,

Election: 2022

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

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 22 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50.00

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

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

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

PAGE 73 OF 73

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

Transaction ID : SC/10.6191

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

11.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11.29

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 30 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

11.29

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

61027.35

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