

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JAZMIN J ROBINSON FOR THE PEOPLE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4795.00	0.00
(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))	4795.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7373.50	0.00
(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))	7373.50	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	4899.00	
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)	16294.59	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JAZMIN J ROBINSON FOR THE PEOPLE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3715.00	0.00
(ii) Unitemized	1080.00	0.00
(iii) TOTAL of contributions from individuals	4795.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4795.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	7352.50	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7352.50	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	12147.50	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7373.50	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7373.50	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	125.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12147.50
25. SUBTOTAL (add Line 23 and Line 24).....	12272.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7373.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4899.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 114
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

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

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

Mailing Address 2113 Peters Dr

City Woodridge State IL Zip Code 60517

FEC ID number of contributing federal political committee. C

Name of Employer N/A - Retired Occupation N/A - Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
1000.00

Memo Item
Individual Contribution

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

Mailing Address 2113 Peters Dr

City Woodridge State IL Zip Code 60517

FEC ID number of contributing federal political committee. C

Name of Employer N/A - Retired Occupation N/A - Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
1000.00

Memo Item
Individual Contribution

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

Mailing Address 403 Ambriance Dr

City Burr Ridge State IL Zip Code 60527

FEC ID number of contributing federal political committee. C

Name of Employer N/A Retired Occupation N/A Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period
500.00

Memo Item
Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 114
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Salazar, Martha, , ,

Mailing Address 14427 S Naperville Rd

City: Plainfield State: IL Zip Code: 60544

FEC ID number of contributing federal political committee: C

Name of Employer: N/A - Retired Occupation: N/A - Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 25 / 2025

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period: 990.00

Memo Item
Individual Contribution

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

Mailing Address 1606 Angsley Lane

City: San Ramon State: CA Zip Code: 94582

FEC ID number of contributing federal political committee: C

Name of Employer: Compass Lexecon Occupation: Research Analyst

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 225.00

Date of Receipt: 10 / 03 / 2025

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period: 225.00

Memo Item
Apple Pay Individual Contribution

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1215.00
TOTAL This Period (last page this line number only).....▶	3715.00

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

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

FOR LINE NUMBER: PAGE 7 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2025

Transaction ID : SA13A.4213

Amount of Each Receipt this Period
14.00

Memo Item
Google Suite

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
44.73

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2025

Transaction ID : SA13A.4214

Amount of Each Receipt this Period
30.73

Memo Item
Google Voice

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.73

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

Transaction ID : SA13A.4216

Amount of Each Receipt this Period
378.00

Memo Item
MinuteMan Press Campaign Flyers

SUBTOTAL of Receipts This Page (optional)..... ▶ 422.73

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
424.08

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

Transaction ID : SA13A.4228

Amount of Each Receipt this Period
1.35

Memo Item
Parking - ParkOakPark

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
438.33

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 04 / 2025

Transaction ID : SA13A.4217

Amount of Each Receipt this Period
14.25

Memo Item
Parking

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
443.43

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 04 / 2025

Transaction ID : SA13A.4218

Amount of Each Receipt this Period
5.10

Memo Item
Parking

SUBTOTAL of Receipts This Page (optional)..... ▶ 20.70

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 04 / 2025

Transaction ID : SA13A.4219

Amount of Each Receipt this Period
7.47

Memo Item
Parking

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
672.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 07 / 2025

Transaction ID : SA13A.4234

Amount of Each Receipt this Period
222.00

Memo Item
ChatGPT Subscription

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
792.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 07 / 2025

Transaction ID : SA13A.4235

Amount of Each Receipt this Period
120.00

Memo Item
Canva

SUBTOTAL of Receipts This Page (optional)..... ▶ 349.47

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
852.41

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

Transaction ID : SA13A.4401

Amount of Each Receipt this Period
59.51

Memo Item
Campaign Office Supplies

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
855.86

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 09 / 2025

Transaction ID : SA13A.4229

Amount of Each Receipt this Period
3.45

Memo Item
Parking - ParkOakPark

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
856.83

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

Transaction ID : SA13A.4220

Amount of Each Receipt this Period
0.97

Memo Item
Parking

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.93

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 11 OF 114	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
891.68

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

Transaction ID : SA13A.4236

Amount of Each Receipt this Period
34.85

Memo Item
Fedex Office - Campaign Supplies/Material/Printing

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1269.68

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

Transaction ID : SA13A.4237

Amount of Each Receipt this Period
378.00

Memo Item
MinuteMan Press - Campaign Flyers

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1784.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2025

Transaction ID : SA13A.4241

Amount of Each Receipt this Period
515.00

Memo Item
Lavelle Law - Legal Services

SUBTOTAL of Receipts This Page (optional)..... ▶	927.85
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2134.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

Transaction ID : SA13A.4238

Amount of Each Receipt this Period
350.00

Memo Item
US Patent Trademark

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2199.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2025

Transaction ID : SA13A.4239

Amount of Each Receipt this Period
65.00

Memo Item
Lib Congress Copyright

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2378.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2025

Transaction ID : SA13A.4240

Amount of Each Receipt this Period
179.00

Memo Item
Nationbuilder - Website Host

SUBTOTAL of Receipts This Page (optional)..... ▶ 594.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2383.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2025

Transaction ID : SA13A.4221

Amount of Each Receipt this Period
5.00

Memo Item
Parking

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2397.67

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2025

Transaction ID : SA13A.4231

Amount of Each Receipt this Period
13.99

Memo Item
Parking - Spot Hero

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2415.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2025

Transaction ID : SA13A.4232

Amount of Each Receipt this Period
17.99

Memo Item
Parking - Spot Hero

SUBTOTAL of Receipts This Page (optional)..... ▶ 36.98

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 14 OF 114
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4222		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period _____ 0.97		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item Parking		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2416.63			

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4242		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period _____ 19.80		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item OfficeMax/Depot - Campaign Supplies		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2436.43			

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4243		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period _____ 378.00		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item MinuteMan Press - Campaign Flyers		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2814.43			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 398.77
TOTAL This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 114
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4223		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period 7.47		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item Parking		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2821.90			

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4244		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period 16.00		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item UPS Store - Notary		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2837.90			

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4233		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period 19.04		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item Parking - SpotHero		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2856.94			

SUBTOTAL of Receipts This Page (optional)..... ▶	42.51
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 16 OF 114
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2887.83

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

Transaction ID : SA13A.4245

Amount of Each Receipt this Period
30.89

Memo Item
Google Workspace

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2901.83

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

Transaction ID : SA13A.4246

Amount of Each Receipt this Period
14.00

Memo Item
Google Suite

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3081.82

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2025

Transaction ID : SA13A.4247

Amount of Each Receipt this Period
179.99

Memo Item
CapCut Pro - Editing Software

SUBTOTAL of Receipts This Page (optional)..... ▶	224.88
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 17 OF 114	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3108.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA13A.4248

Amount of Each Receipt this Period
26.70

Memo Item
Fedex Office - Printing Campaign Material

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3330.52

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

Transaction ID : SA13A.4249

Amount of Each Receipt this Period
222.00

Memo Item
ChatGPT Subscription

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3509.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : SA13A.4250

Amount of Each Receipt this Period
179.00

Memo Item
NationBuilder - Website Host

SUBTOTAL of Receipts This Page (optional).....▶	427.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3510.49

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

Transaction ID : SA13A.4224

Amount of Each Receipt this Period
0.97

Memo Item
Parking

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3521.54

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

Transaction ID : SA13A.4251

Amount of Each Receipt this Period
11.05

Memo Item
FedEx Office - Printing Campaign Material

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3605.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2025

Transaction ID : SA13A.4252

Amount of Each Receipt this Period
83.46

Memo Item
FedEx Office - Scanning Campaign Documents

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.48

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 19 OF 114	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3664.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : SA13A.4253

Amount of Each Receipt this Period
59.00

Memo Item
Parking - InterPark (iParkit) GOVERNMENT CENTE
CHICAGO IL

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

Mailing Address 1705 W. Le Moyne St.
Apt C

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3785.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2025

Transaction ID : SA13A.4254

Amount of Each Receipt this Period
121.00

Memo Item
FedEx Office - Prining/Scanning Campaign Material

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

Mailing Address 1705 W. Le Moyne St.
Apt C

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3815.89

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2025

Transaction ID : SA13A.4255

Amount of Each Receipt this Period
30.89

Memo Item
Google Services

SUBTOTAL of Receipts This Page (optional)..... ▶	210.89
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 20 OF 114	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA13A.4256

Amount of Each Receipt this Period

Memo Item
Google Services

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

Mailing Address 1705 W. Le Moyne St.
Apt C

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA13A.4257

Amount of Each Receipt this Period

Memo Item
MinuteMan Press - Campaign Flyers

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

Mailing Address 1705 W. Le Moyne St.
Apt C

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA13A.4259

Amount of Each Receipt this Period

Memo Item
Lavelle Law - Legal Services

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1079.01"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5116.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2025

Transaction ID : SA13A.4258

Amount of Each Receipt this Period
222.00

Memo Item
ChatGPT Subscription

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5127.58

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2025

Transaction ID : SA13A.4225

Amount of Each Receipt this Period
10.68

Memo Item
Parking

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5139.53

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

Transaction ID : SA13A.4230

Amount of Each Receipt this Period
11.95

Memo Item
Parking - ParkOakPark

SUBTOTAL of Receipts This Page (optional)..... ▶ 244.63

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 22 OF 114
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4226		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period _____ 5.44		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item Parking		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5144.97			

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4261		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period _____ 179.00		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item NationBuilder - Website Host		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5323.97			

Full Name (Last, First, Middle Initial) Robinson, Jazmin, Juanita, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2025		
Mailing Address 1705 W. Le Moyne St. Apt C			Transaction ID : SA13A.4262		
City Chicago	State IL	Zip Code 60622	Amount of Each Receipt this Period _____ 399.00		
FEC ID number of contributing federal political committee. C H6IL07487			<input type="checkbox"/> Memo Item Gain Power Your Membership - Recruiting		
Name of Employer Dura-Line		Occupation Total Rewards Senior Manager			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5722.97			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 583.44
TOTAL This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 23 OF 114
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5730.67

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2025

Transaction ID : SA13A.4227

Amount of Each Receipt this Period
7.70

Memo Item
Parking

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7329.67

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : SA13A.4263

Amount of Each Receipt this Period
1599.00

Memo Item
99Designs - Infographic Flyer Design

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

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

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

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7352.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : SA13A.4264

Amount of Each Receipt this Period
22.83

Memo Item
Container Store - Campaign Storage

SUBTOTAL of Receipts This Page (optional)..... ▶	1629.53
TOTAL This Period (last page this line number only)..... ▶	7352.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. 99designs (by Vista)		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 275 Wyman Street		FEC Identification Number C
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Infographic Design for Campaign Flyer		Amount of Each Disbursement this Period 1599.00
Candidate Name		Transaction ID : SB17.4397
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Community Brands (YM Careers)		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2025
Mailing Address 360 Central Ave Suite 1120		FEC Identification Number C
City St. Petersburg	State FL	Zip Code 33701
Purpose of Disbursement Gain Career - Recruiting Platform		Amount of Each Disbursement this Period 399.00
Candidate Name		Transaction ID : SB17.4395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 1800 W North Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60622
Purpose of Disbursement Campaign document scanning and emailing		Amount of Each Disbursement this Period 121.00
Candidate Name		Transaction ID : SB17.4385
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2119.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Lavelle Law		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2025
Mailing Address 1933 North Meacham Road Suite 600		FEC Identification Number C
City Schaumburg	State IL	Zip Code 60173
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 515.00
Candidate Name		Transaction ID : SB17.4367
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Lavelle Law		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2025
Mailing Address 1933 North Meacham Road Suite 600		FEC Identification Number C
City Schaumburg	State IL	Zip Code 60173
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 687.01
Candidate Name		Transaction ID : SB17.4390
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Minuteman Press Chicago		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2025
Mailing Address 1249 North Clybourn Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Campaign Printing Flyers		Amount of Each Disbursement this Period 378.00
Candidate Name		Transaction ID : SB17.4336
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1580.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Minuteman Press Chicago		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2025
Mailing Address 1249 North Clybourn Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Campaign Flyers		Amount of Each Disbursement this Period 378.00
Candidate Name		Transaction ID : SB17.4361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Minuteman Press Chicago		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address 1249 North Clybourn Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Printing Campaign Flyers		Amount of Each Disbursement this Period 378.00
Candidate Name		Transaction ID : SB17.4370
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Minuteman Press Chicago		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2025
Mailing Address 1249 North Clybourn Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Campaign Flyer Printing		Amount of Each Disbursement this Period 378.00
Candidate Name		Transaction ID : SB17.4388
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1134.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 114			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2025		
Mailing Address 6515 W Sunset Blvd Ste 440			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90028	Amount of Each Disbursement this Period 179.00		
Purpose of Disbursement Nationbuilder campaign website host		Category/ Type	Transaction ID : SB17.4380		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025		
Mailing Address 6515 W Sunset Blvd Ste 440			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90028	Amount of Each Disbursement this Period 179.00		
Purpose of Disbursement Nationbuilder Campaign Website		Category/ Type	Transaction ID : SB17.4394		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. OpenAI, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025		
Mailing Address 548 Market Street PMB 97273			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 222.00		
Purpose of Disbursement Chat GPT Subscription		Category/ Type	Transaction ID : SB17.4356		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	580.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 114	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. OpenAI, LLC			Date of Disbursement MM / DD / YYYY 11 / 07 / 2025	
Mailing Address 548 Market Street PMB 97273			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 222.00	
Purpose of Disbursement ChatGPT Subscription		Category/ Type	Transaction ID : SB17.4379	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. OpenAI, LLC			Date of Disbursement MM / DD / YYYY 12 / 07 / 2025	
Mailing Address 548 Market Street PMB 97273			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 222.00	
Purpose of Disbursement ChatGPT subscription		Category/ Type	Transaction ID : SB17.4389	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. United States Patent and Trademark Office			Date of Disbursement MM / DD / YYYY 10 / 14 / 2025	
Mailing Address 600 Dulany Street			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement Trademark H.E.A.L. Act		Category/ Type	Transaction ID : SB17.4362	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	794.00
TOTAL This Period (last page this line number only).....▶	6207.01

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
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).....▶	101.56
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.00	0.00	25.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 19 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	25.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="0.97"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	2.85
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	2.85
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

Original Amount of Loan 4.65	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4.65
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TERMS Date Incurred M M / D D / Y Y Y Y 09 / 01 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	24.86
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="104.15"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
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).....▶	5145.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="199.74"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
97.54	0.00	97.54

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

Original Amount of Loan 9.99	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9.99
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 15 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

Original Amount of Loan 1.18	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1.18
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 15 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="1.18"/>
TOTALS This Period (last page in this line only).....▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="5.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="389.34"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	49.48
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)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4213
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 14.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 14.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 01 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	14.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4214**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.73	0.00	30.73

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	30.73
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4216**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
378.00	0.00	378.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 03 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	378.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4228
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 1.35	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1.35
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TERMS Date Incurred M M / D D / Y Y Y Y 10 / 03 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="1.35"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4217**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14.25	0.00	14.25

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 04 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	14.25
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4218
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 5.10	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5.10
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TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 04 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5.10
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4219

JAZMIN J ROBINSON FOR THE PEOPLE

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

Memo Item

Election: 2026

Primary
 General
 Other (specify) ▼

Robinson, Jazmin, Juanita, ,

Mailing Address

1705 W. Le Moyne St.
Apt C

City

Chicago

State

IL

ZIP Code

60622

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7.47

0.00

7.47

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

10 / 04 / 2025

None

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).....▶

7.47

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)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4234
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 222.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 222.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4235
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 120.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 120.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="120.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4401**
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
59.51	0.00	59.51

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 08 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	59.51
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4229**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.45	0.00	3.45

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 09 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	3.45
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4220**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 10 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	0.97
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4236
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 34.85	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 34.85
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TERMS Date Incurred M M / D D / Y Y Y Y 10 / 10 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="34.85"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4237**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
378.00	0.00	378.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 10 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	378.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4241**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
515.00	0.00	515.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 13 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	515.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4238**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 14 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	350.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4239

JAZMIN J ROBINSON FOR THE PEOPLE

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

Memo Item

Election: 2026

Primary
 General
 Other (specify) ▼

Robinson, Jazmin, Juanita, ,

Mailing Address

1705 W. Le Moyne St.
Apt C

City

Chicago

State

IL

ZIP Code

60622

Personal Funds of the Candidate

Original Amount of Loan

65.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2025

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

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).....▶

65.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4240
JAZMIN J ROBINSON FOR THE PEOPLE

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 15 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="179.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4221
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 5.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 16 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	5.00
TOTALS This Period (last page in this line only)▶	(Empty field)

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4231**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13.99	0.00	13.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 16 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	13.99
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4232**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17.99	0.00	17.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 16 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	17.99
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4222**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 17 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	0.97
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4242**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.80	0.00	19.80

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 17 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	19.80
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

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4243**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
378.00	0.00	378.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 17 / 2025	None		

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

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

SUBTOTALS This Period This Page (optional).....▶	378.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4223**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.47	0.00	7.47

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	10 / 21 / 2025	None	0.00	

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

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

SUBTOTALS This Period This Page (optional).....▶	7.47
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)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4244
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 16.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 16.00
----------------------------------	------------------------------------	--

TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 21 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	16.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4233**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.04	0.00	19.04

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 23 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	19.04
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4245
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 30.89	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30.89
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TERMS	Date Incurred M M / D D / Y Y Y Y 11 / 01 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="30.89"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4246
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14.00	0.00	14.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	14.00
TOTALS This Period (last page in this line only)▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4247**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
179.99	0.00	179.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 03 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	179.99
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4248**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.70	0.00	26.70

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 05 / 2025	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	26.70
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4249**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4250**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 15 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4224**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 17 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	0.97
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4251**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.05	0.00	11.05

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 17 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	11.05
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4252**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
83.46	0.00	83.46

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 18 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	83.46
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4253**
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
59.00	0.00	59.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 19 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	59.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4254**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
121.00	0.00	121.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	121.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4255**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.89	0.00	30.89

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	30.89
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) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4256**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14.00	0.00	14.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	14.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4257
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
378.00	0.00	378.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 05 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="378.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4259**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
687.01	0.00	687.01

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 06 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
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).....▶	687.01
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4258**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4225
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 10.68	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10.68
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TERMS	Date Incurred M M / D D / Y Y Y Y 12 / 08 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	10.68
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4230
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan 11.95	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11.95
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TERMS	Date Incurred M M / D D / Y Y Y Y 12 / 09 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	11.95
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4226**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.44	0.00	5.44

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 13 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5.44
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4261**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 15 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4262**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
399.00	0.00	399.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 26 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	399.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4227**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.70	0.00	7.70

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	7.70
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4263**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1599.00	0.00	1599.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 30 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1599.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4264
JAZMIN J ROBINSON FOR THE PEOPLE

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22.83	0.00	22.83

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 30 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	22.83
TOTALS This Period (last page in this line only)▶	16294.59

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