



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Marter for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2025 To: M M / D D / Y Y Y Y 06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	21724.25	27890.25
(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)) .....	21724.25	27890.25
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	7157.90	16036.79
(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)) .....	7157.90	16036.79
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>19677.56</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>31358.77</b>	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Marter for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17950.00	22750.00
(ii) Unitemized.....	3774.25	5140.25
(iii) TOTAL of contributions from individuals ▶	21724.25	27890.25
(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))..	21724.25	27890.25
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	21724.25	27890.25

**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.....	7157.90	16036.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	9712.47
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	9712.47
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 .....	390.00	2053.67
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7547.90	27802.93

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5501.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21724.25
25. SUBTOTAL (add Line 23 and Line 24).....	27225.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7547.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19677.56

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 66	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

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

Mailing Address 4530 Hazleton Ln

City Wellington	State FL	Zip Code 33449
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10690**

Amount of Each Receipt this Period

Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Barber, H Rigel, , ,

Mailing Address 161 E Chicago Ave

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10617**

Amount of Each Receipt this Period

Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Bennett, Douglas, , ,

Mailing Address 385 We Go Ct

City Deerfield	State IL	Zip Code 60015
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FEC ID number of contributing federal political committee.

Name of Employer Accenture	Occupation Manager
-------------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10686**

Amount of Each Receipt this Period

Memo Item  
Contribution

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

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



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 66	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Birdwell, Brad, , ,

Mailing Address 17630 Lake Cypress Hill Drive

City Cypress	State TX	Zip Code 77429
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Grr Birdwell	Occupation Contractor
----------------------------------	--------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10655**

Amount of Each Receipt this Period

Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Bland, Robert, , ,

Mailing Address 1512 Willow Cr Ln

City Darien	State IL	Zip Code 60561
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Lifequotes.com	Occupation Insurance Executive
------------------------------------	-----------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10669**

Amount of Each Receipt this Period

Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Bryden, Elizabeth, , ,

Mailing Address 1 West 67th Street

City New York	State NY	Zip Code 10023
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10642**

Amount of Each Receipt this Period

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> 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 8 OF 66  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Collins, Katherine, , ,

Mailing Address 1008 Mallard Pointe Dr

City Cedar Hill State TX Zip Code 75104

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 28 2025

Transaction ID : SA11AI.10712

Amount of Each Receipt this Period  
300.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
Deters, Judith, , ,

Mailing Address 249 North St

City Baileyville State KS Zip Code 66404

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 22 2025

Transaction ID : SA11AI.10728

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dlugash, Alan, , ,

Mailing Address 1040 First Avenue

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. C

Name of Employer Alan J Dlugash Occupation CPA

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 250.00

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

Transaction ID : SA11AI.10681

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 800.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 66	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Frost, Edwin, , ,

Mailing Address 27 Velma Dr

City Newnan	State GA	Zip Code 30263
----------------	-------------	-------------------

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

Name of Employer FLB&L	Occupation Loan Officer
---------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 14 / 2025

**Transaction ID : SA11AI.10677**

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Harlamert, Steve, , ,

Mailing Address 255 Park Rd

City Dayton	State OH	Zip Code 45419
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation 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
05 / 28 / 2025

**Transaction ID : SA11AI.10656**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution

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

Mailing Address 929 Peninsula Dr

City Traverse City	State MI	Zip Code 49686
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation 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
04 / 07 / 2025

**Transaction ID : SA11AI.10704**

Amount of Each Receipt this Period  
200.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	950.00
<b>TOTAL</b> 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 10 OF 66  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Hayden, Agnes, , ,

Mailing Address 929 Peninsula Dr

City: Traverse City State: MI Zip Code: 49686

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 750.00

Date of Receipt: 04 / 28 / 2025

Transaction ID : SA11AI.10705

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
Hayden, Agnes, , ,

Mailing Address 929 Peninsula Dr

City: Traverse City State: MI Zip Code: 49686

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1050.00

Date of Receipt: 06 / 07 / 2025

Transaction ID : SA11AI.10732

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

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

Mailing Address 929 Peninsula Dr

City: Traverse City State: MI Zip Code: 49686

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1350.00

Date of Receipt: 06 / 23 / 2025

Transaction ID : SA11AI.10737

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 11 OF 66	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Heitz, Mark, , ,

Mailing Address 260 SW Yorkshire Rd

City Topeka	State KS	Zip Code 66606
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10738**

Amount of Each Receipt this Period

Memo Item  
Contribution

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

Mailing Address 2512 Bedford Dr

City Champaign	State IL	Zip Code 61820
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10733**

Amount of Each Receipt this Period

Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Keller, Arleen, , ,

Mailing Address 8369 Lynnehaven Dr

City Cincinnati	State OH	Zip Code 45236
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10729**

Amount of Each Receipt this Period

Memo Item  
Contribution

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 66  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Kempa, Roger, , ,

Mailing Address 21140 Braxton Lane

City Plainfield State IL Zip Code 60544

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

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025

**Transaction ID : SA11AI.10691**

Amount of Each Receipt this Period  
50.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kviz, Linda, , ,

Mailing Address 695 Conton Ct

City Oswego State IL Zip Code 60543

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

Name of Employer Retired Occupation 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  
04 / 28 / 2025

**Transaction ID : SA11AI.10706**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
Maple, Ralph, , ,

Mailing Address 3702 Sunset Blvd

City Houston State TX Zip Code 77005

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

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2025

**Transaction ID : SA11AI.10714**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 66	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Martin, Ellen, , ,

Mailing Address 4955 Glenbrook Rd NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer None	Occupation SAHW
--------------------------	--------------------

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
05 / 22 / 2025

**Transaction ID : SA11AI.10724**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 4955 Glenbrook Rd NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer None	Occupation SAHW
--------------------------	--------------------

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
06 / 07 / 2025

**Transaction ID : SA11AI.10731**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
Norman, Gerald, , ,

Mailing Address 400 N Tigertail Rd

City Los Angeles	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer Retired	Occupation 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
06 / 28 / 2025

**Transaction ID : SA11AI.10740**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

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

1500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 14 OF 66	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Pukita, Mark, , ,

Mailing Address 4240 Hobbs Landing Dr W

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 14 / 2025

**Transaction ID : SA11AI.10662**

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Radcliffe, Bruce, , ,

Mailing Address 806 Thomas Dr

City Morris	State IL	Zip Code 60451
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation 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
06 / 23 / 2025

**Transaction ID : SA11AI.10735**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Renner, Raymond, , ,

Mailing Address 406 West Navajo Avenue

City Shabbona	State IL	Zip Code 60550
------------------	-------------	-------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 26 / 2025

**Transaction ID : SA11AI.10608**

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 66  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Taylor, Margaretta, , ,

Mailing Address 2 Sutton Sq

City: New York State: NY Zip Code: 10022

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 3000.00

Date of Receipt: 04 / 07 / 2025

Transaction ID : SA11AI.10703

Amount of Each Receipt this Period: 3000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
Thomas, John, , ,

Mailing Address 1840 Prairie Street

City: Glenview State: IL Zip Code: 60025

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Author

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 24 / 2025

Transaction ID : SA11AI.10613

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
Venema, Maynard, , ,

Mailing Address 536 Somerset Lane

City: Northfield State: IL Zip Code: 60093

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 22 / 2025

Transaction ID : SA11AI.10723

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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 16 OF 66  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Winer, Evan, , ,

Mailing Address 6404 Hoffman Terrace

City Morton Grove State IL Zip Code 60053

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

Name of Employer Law Office of Winer & Winer Occupation Lawyer

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : SA11AI.10666

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17950.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. 5/3 Bank</b>		M M / D D / Y Y Y Y 05 / 07 / 2025
Mailing Address 1 E Merchants Dr		FEC Identification Number
City Oswego	State IL	Zip Code 60543
Purpose of Disbursement Checks	Category/Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 104.32	
Office Sought: <input checked="" 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: IL District: 14	Transaction ID : SB17.10762 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Anedot</b>		M M / D D / Y Y Y Y 06 / 30 / 2025
Mailing Address 1920 McKinney Ave 7th Floor		FEC Identification Number
City Dallas	State TX	Zip Code 75201
Purpose of Disbursement Processing Fees	Category/Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 141.46	
Office Sought: <input checked="" 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: IL District: 14	Transaction ID : SB17.10700 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Constant Contact</b>		M M / D D / Y Y Y Y 04 / 24 / 2025
Mailing Address 1601 Trapelo Road Suite 329		FEC Identification Number
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Email Marketing	Category/Type 004	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 210.00	
Office Sought: <input checked="" 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: IL District: 14	Transaction ID : SB17.10757 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	455.78
<b>TOTAL</b> 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 18 OF 66			
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 05 / 27 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 210.00

Transaction ID : SB17.10767

Memo Item

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 06 / 24 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 227.00

Transaction ID : SB17.10798

Memo Item

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 04 / 01 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 33.19

Transaction ID : SB17.10744

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 470.19

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 05 / 01 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 10.32

Transaction ID : SB17.10759

Memo Item

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 06 / 02 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 464.49

Transaction ID : SB17.10781

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hurst & Associates, Inc.**

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Services Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 04 / 14 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 250.00

Transaction ID : SB17.10748

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 724.81

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hurst &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2025
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Digital Services	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 1.50	
Office Sought: <input checked="" 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: IL District: 14	Transaction ID : SB17.10761 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Hurst &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2025
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Digital Services	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 15.00	
Office Sought: <input checked="" 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: IL District: 14	Transaction ID : SB17.10765 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Hurst &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2025
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Digital Services	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 7.50	
Office Sought: <input checked="" 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: IL District: 14	Transaction ID : SB17.10788 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hurst &amp; Associates, Inc.</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2025	
Mailing Address 1 Forest View Dr.			FEC Identification Number C C00657361	
City Hawthorn Woods	State IL	Zip Code 60047	Amount of Each Disbursement this Period 1.50	
Purpose of Disbursement Digital Services		Category/ Type 001	Transaction ID : SB17.10789	
Candidate Name Marter for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: IL District: 14				

Full Name (Last, First, Middle Initial) <b>B. Hurst &amp; Associates, Inc.</b>			Date of Disbursement MM / DD / YYYY 06 / 10 / 2025	
Mailing Address 1 Forest View Dr.			FEC Identification Number C C00657361	
City Hawthorn Woods	State IL	Zip Code 60047	Amount of Each Disbursement this Period 27.75	
Purpose of Disbursement Digital Services		Category/ Type 001	Transaction ID : SB17.10790	
Candidate Name Marter for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: IL District: 14				

Full Name (Last, First, Middle Initial) <b>C. Hurst &amp; Associates, Inc.</b>			Date of Disbursement MM / DD / YYYY 06 / 18 / 2025	
Mailing Address 1 Forest View Dr.			FEC Identification Number C C00657361	
City Hawthorn Woods	State IL	Zip Code 60047	Amount of Each Disbursement this Period 9.00	
Purpose of Disbursement Digital Services		Category/ Type 001	Transaction ID : SB17.10792	
Candidate Name Marter for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: IL District: 14				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	38.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 66	
	<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)  
**Marter for Congress**

**A. Hurst & Associates, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Services Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 06 / 18 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 30.00

Transaction ID : SB17.10793

Memo Item

**B. Hurst & Associates, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Services Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 06 / 23 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 7.50

Transaction ID : SB17.10797

Memo Item

**C. Illinois Right to Life**

Full Name (Last, First, Middle Initial)

Mailing Address 17 N State St. #1590

City Chicago State IL Zip Code 60602

Purpose of Disbursement Dinner Tickets Category/Type 007

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 04 / 25 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 300.00

Transaction ID : SB17.10751

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 337.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)  
**A. Kendall County Fair**

Mailing Address 10826 IL-71

City Yorkville State IL Zip Code 60560

Purpose of Disbursement Fair Sponsorship Category/Type 007

Candidate Name Marter for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 06 / 2025

FEC Identification Number  
C C00657361

Amount of Each Disbursement this Period  
500.00

Transaction ID : SB17.10769

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TFG LLC**

Mailing Address 94 Medway St Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 01 / 2025

FEC Identification Number  
C C00657361

Amount of Each Disbursement this Period  
60.00

Transaction ID : SB17.10745

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TFG LLC**

Mailing Address 94 Medway St Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 07 / 2025

FEC Identification Number  
C C00657361

Amount of Each Disbursement this Period  
780.00

Transaction ID : SB17.10747

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1340.00
<b>TOTAL</b> 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 24 OF 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. TFG LLC</b>		M M / D D / Y Y Y Y 04 / 10 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	001	
Candidate Name Marter for Congress	Category/ Type	
Office Sought: <input checked="" 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: IL District: 14	Amount of Each Disbursement this Period 68.00	
		Transaction ID : SB17.10753
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. TFG LLC</b>		M M / D D / Y Y Y Y 04 / 15 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	001	
Candidate Name Marter for Congress	Category/ Type	
Office Sought: <input checked="" 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: IL District: 14	Amount of Each Disbursement this Period 134.00	
		Transaction ID : SB17.10754
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. TFG LLC</b>		M M / D D / Y Y Y Y 04 / 16 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	001	
Candidate Name Marter for Congress	Category/ Type	
Office Sought: <input checked="" 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: IL District: 14	Amount of Each Disbursement this Period 186.00	
		Transaction ID : SB17.10755
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	388.00
<b>TOTAL</b> 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 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)

**A. TFG LLC**

Mailing Address 94 Medway St  
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 04 / 22 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 185.00

Transaction ID : SB17.10756

Memo Item

Full Name (Last, First, Middle Initial)

**B. TFG LLC**

Mailing Address 94 Medway St  
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 04 / 29 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 176.00

Transaction ID : SB17.10758

Memo Item

Full Name (Last, First, Middle Initial)

**C. TFG LLC**

Mailing Address 94 Medway St  
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 05 / 06 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 230.00

Transaction ID : SB17.10760

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 591.00

**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 26 OF 66			
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)				Date of Disbursement	
<b>A. TFG LLC</b>				M M / D D / Y Y Y Y 05 / 12 / 2025	
Mailing Address 94 Medway St Unit GL				FEC Identification Number	
City Povidence		State RI	Zip Code 02906	C C00657361	
Purpose of Disbursement Consultant			001	Amount of Each Disbursement this Period	
Candidate Name Marter for Congress			Category/ Type	207.00	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		Transaction ID : SB17.10763	
State: IL	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)				Date of Disbursement	
<b>B. TFG LLC</b>				M M / D D / Y Y Y Y 05 / 15 / 2025	
Mailing Address 94 Medway St Unit GL				FEC Identification Number	
City Povidence		State RI	Zip Code 02906	C C00657361	
Purpose of Disbursement Consultant			001	Amount of Each Disbursement this Period	
Candidate Name Marter for Congress			Category/ Type	200.00	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		Transaction ID : SB17.10764	
State: IL	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)				Date of Disbursement	
<b>C. TFG LLC</b>				M M / D D / Y Y Y Y 05 / 20 / 2025	
Mailing Address 94 Medway St Unit GL				FEC Identification Number	
City Povidence		State RI	Zip Code 02906	C C00657361	
Purpose of Disbursement Consultant			001	Amount of Each Disbursement this Period	
Candidate Name Marter for Congress			Category/ Type	245.00	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		Transaction ID : SB17.10766	
State: IL	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	652.00
<b>TOTAL</b> 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 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. TFG LLC</b>		M M / D D / Y Y Y Y 05 / 28 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	001	
Candidate Name Marter for Congress	Category/ Type	
Office Sought: <input checked="" 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: IL District: 14	Amount of Each Disbursement this Period 300.00	
		Transaction ID : SB17.10768
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. TFG LLC</b>		M M / D D / Y Y Y Y 06 / 03 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	001	
Candidate Name Marter for Congress	Category/ Type	
Office Sought: <input checked="" 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: IL District: 14	Amount of Each Disbursement this Period 335.00	
		Transaction ID : SB17.10782
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. TFG LLC</b>		M M / D D / Y Y Y Y 06 / 12 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	001	
Candidate Name Marter for Congress	Category/ Type	
Office Sought: <input checked="" 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: IL District: 14	Amount of Each Disbursement this Period 275.00	
		Transaction ID : SB17.10791
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	910.00
<b>TOTAL</b> 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 66	
	<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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) <b>A. TFG LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 20 / 2025
Mailing Address 94 Medway St Unit GL			FEC Identification Number C C00657361
City Povidence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 215.00
Purpose of Disbursement Consultant		Category/ Type 001	Transaction ID : SB17.10796
Candidate Name Marter for Congress		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: IL District: 14		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. TFG LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 25 / 2025
Mailing Address 94 Medway St Unit GL			FEC Identification Number C C00657361
City Povidence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 320.00
Purpose of Disbursement Consultant		Category/ Type 001	Transaction ID : SB17.10799
Candidate Name Marter for Congress		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: IL District: 14		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6466.53

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6609**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Been Verified			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
307 5th Ave			<input type="checkbox"/> Other (specify) ▼
16th Floor			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
New York	NY	10016	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	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
	07 / 09 / 2021	na		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	26.89
<b>TOTALS</b> 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/10.6611**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Been Verified			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
307 5th Ave			<input type="checkbox"/> Other (specify) ▼
16th Floor			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
New York	NY	10016	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	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 / 09 / 2021	na		

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	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	26.89
<b>TOTALS</b> 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/10.7271**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Keap			<input checked="" type="checkbox"/> Primary
Mailing Address 1260 S. Spectrum Blvd			<input type="checkbox"/> General
City Chandler		State AZ	ZIP Code 85286
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
			<input type="checkbox"/> Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 31 / 2022	n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.6189  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 31.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 31.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M M / D D / Y Y Y Y 06 / 04 / 2021	Date Due M M / D D / Y Y Y Y n/a	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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="31.00"/>
<b>TOTALS</b> 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/10.6176**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 09 / 2021	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	26.89
<b>TOTALS</b> 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/10.6190**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 22 / 2021	M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50.00
<b>TOTALS</b> 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/10.6191**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 11.29	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11.29
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2021	M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	11.29
<b>TOTALS</b> 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/10.6607  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 01 / 2021	M M / D D / Y Y Y Y na	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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="549.00"/>
<b>TOTALS</b> 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/10.6608**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
120.45	0.00	120.45

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 08 / 2021	na	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	120.45
<b>TOTALS</b> 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/10.6610  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 31 / 2021	M M / D D / Y Y Y Y na	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.6612**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 549.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 549.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 31 / 2021	M M / D D / Y Y Y Y na	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.6606**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 08 / 2021	n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25.00
<b>TOTALS</b> 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/10.6613**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 09 / 2021	na	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	26.89
<b>TOTALS</b> 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/10.6614  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 30 / 2021	M M / D D / Y Y Y Y na	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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="549.00"/>
<b>TOTALS</b> 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/10.6687  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
104.84	0.00	104.84

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 12 / 2021	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	104.84
<b>TOTALS</b> 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/10.6698**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 207.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 207.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 21 / 2021	M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 207.00
<b>TOTALS</b> 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/10.6707**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 240.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 240.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 11 / 2021	M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 240.00
<b>TOTALS</b> 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/10.6711**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 251.35	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 251.35
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 11 / 2021	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	251.35
<b>TOTALS</b> 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/10.6686  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 73.85	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 73.85
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<b>TERMS</b>	Date Incurred M M / D D / Y Y Y Y 11 / 30 / 2021	Date Due M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	73.85
<b>TOTALS</b> 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/10.6701  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2021	M M / D D / Y Y Y Y / / 0.00	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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="549.00"/>
<b>TOTALS</b> 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/10.6699**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 97.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 97.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 05 / 2021	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	97.00
<b>TOTALS</b> 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/10.6706**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 10 / 2021	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150.00
<b>TOTALS</b> 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) **Marter for Congress** Transaction ID : **SC/10.6702**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 549.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 549.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2021	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.7200**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 18.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 08 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18.00
<b>TOTALS</b> 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/10.7270**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 01 / 2022	n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.7263**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
875.16	0.00	875.16

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 21 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	875.16
<b>TOTALS</b> 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/10.7275**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4321.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4321.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 22 / 2022	M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4321.00
<b>TOTALS</b> 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/10.7268**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 9.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 24 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	9.00
<b>TOTALS</b> 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/10.7276**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 752.52	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 752.52
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 27 / 2022	M M / D D / Y Y Y Y n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 752.52
<b>TOTALS</b> 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) **Marter for Congress** Transaction ID : **SC/10.7159**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7500.00
<b>TOTALS</b> 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/10.7280**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.7281**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
417.85	0.00	417.85

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	417.85
<b>TOTALS</b> 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/10.7445**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 549.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 549.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 30 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> 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/10.7446**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 324.52	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 324.52
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 30 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	324.52
<b>TOTALS</b> 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/10.7480**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 37.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 37.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	37.00
<b>TOTALS</b> 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/10.7598**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9345.38	0.00	9345.38

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2022	M M / D D / Y Y Y Y n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	9345.38
<b>TOTALS</b> 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/10.7622**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 15 / 2022	n/a	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	250.00
<b>TOTALS</b> 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) **Marter for Congress** Transaction ID : **SC/10.6700**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Marter for Congress			<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 31 / 2021	n/a	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	31358.77

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