

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

MICHAEL PIERCE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<input type="text" value="1536.00"/>	<input type="text" value="4520.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="1536.00"/>	<input type="text" value="4520.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="21211.55"/>	<input type="text" value="61817.23"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="21211.55"/>	<input type="text" value="61817.23"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="32365.07"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="89662.30"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MICHAEL PIERCE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	300.00	2600.00
(ii) Unitemized.....	236.00	920.00
(iii) TOTAL of contributions from individuals ▶	536.00	3520.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1536.00	4520.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2627.30	89662.30
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2627.30	89662.30
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4163.30	94182.30

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.....	21211.55	61817.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21211.55	61817.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49413.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4163.30
25. SUBTOTAL (add Line 23 and Line 24).....	53576.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21211.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32365.07

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 24	
<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	

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

NAME OF COMMITTEE (In Full)
MICHAEL PIERCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Perkins, Jefferson, , ,

Mailing Address 1356 Middleburg Rd

City Naperville	State IL	Zip Code 60540
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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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2026

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
300.00

Memo Item
Donation

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 24	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MICHAEL PIERCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FAMILY-PAC FEDERAL

Mailing Address 414 N ORLEANS PLAZA #320

City CHICAGO	State IL	Zip Code 60654
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FEC ID number of contributing federal political committee. **C** C00362178

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

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
02 / 25 / 2026

Transaction ID : SA11C.4253

Amount of Each Receipt this Period
1000.00

Memo Item
Donation

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHAEL PIERCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PIERCE, MICHAEL, , ,

Mailing Address 1155 S. WASHINGTON STREET

City NAPERVILLE State IL Zip Code 60540

FEC ID number of contributing federal political committee. **C** H2IL14086

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
87365.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2026

Transaction ID : SA13A.4256

Amount of Each Receipt this Period
330.00

Memo Item
Loan

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

Mailing Address 1155 S. WASHINGTON STREET

City NAPERVILLE State IL Zip Code 60540

FEC ID number of contributing federal political committee. **C** H2IL14086

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
89662.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2026

Transaction ID : SA13A.4270

Amount of Each Receipt this Period
2297.30

Memo Item
Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	2627.30
TOTAL This Period (last page this line number only)..... ▶	2627.30

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 8 OF 24	
	<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)
MICHAEL PIERCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Boone County Republican Club		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 111 w 1st St		FEC Identification Number C C00906958
City Belvidere	State IL	Zip Code 60175
Purpose of Disbursement Event Registration	Category/ Type 004	Amount of Each Disbursement this Period 500.00
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4245
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Colasante, Christa, , ,		Date of Disbursement MM / DD / YYYY 01 / 06 / 2026
Mailing Address 4171 Lobo Lane		FEC Identification Number C C00906958
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Wages	Category/ Type 007	Amount of Each Disbursement this Period 1000.00
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4223
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Colasante, Christa, , ,		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 4171 Lobo Lane		FEC Identification Number C C00906958
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Wages	Category/ Type 007	Amount of Each Disbursement this Period 1000.00
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4231
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
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 9 OF 24	
	<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)
MICHAEL PIERCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DuPage County GOP		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address 1284 Glen Ellyn Rd		FEC Identification Number C C00906958
City Glendale Heights	State IL	Zip Code 60139
Purpose of Disbursement Event registration	Category/ Type 004	Amount of Each Disbursement this Period 1361.00
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4243
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Kane County GOP		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 333 N Randall Rd #115		FEC Identification Number C C00906958
City St Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Registration	Category/ Type 007	Amount of Each Disbursement this Period 300.00
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4238
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Kane County Republicans		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 333 N Randall Rd #115		FEC Identification Number C C00906958
City St Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Registration	Category/ Type 004	Amount of Each Disbursement this Period 300.00
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4247
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1961.00
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 10 OF 24	
	<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)
MICHAEL PIERCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Leuzinger, Melisa, , ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address		FEC Identification Number C C00906958
City	State	Zip Code
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name MICHAEL PIERCE FOR CONGRESS		Amount of Each Disbursement this Period 500.00
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: 11	Transaction ID : SB17.4221 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Leuzinger, Melisa, , ,		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2026
Mailing Address		FEC Identification Number C C00906958
City	State	Zip Code
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name MICHAEL PIERCE FOR CONGRESS		Amount of Each Disbursement this Period 500.00
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: 11	Transaction ID : SB17.4232 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Nelson, Becky, , ,		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026
Mailing Address 1504 Ronnie Dr		FEC Identification Number C C00906958
City Sandwich	State IL	Zip Code 60548
Purpose of Disbursement Printing	Category/ Type 004	
Candidate Name MICHAEL PIERCE FOR CONGRESS		Amount of Each Disbursement this Period 100.00
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: 11	Transaction ID : SB17.4257 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1100.00
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 11 OF 24			
	<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)
MICHAEL PIERCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Niko's Tavern		Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 3145 US-20		FEC Identification Number C C00906958
City Elgin	State IL	Zip Code 60124
Purpose of Disbursement Fundraising event	Category/ Type 003	Amount of Each Disbursement this Period 243.50
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4235
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Niko's Tavern		Date of Disbursement MM / DD / YYYY 02 / 12 / 2026
Mailing Address 3145 US-20		FEC Identification Number C C00906958
City Elgin	State IL	Zip Code 60124
Purpose of Disbursement Fundraising event	Category/ Type 003	Amount of Each Disbursement this Period 568.12
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4235
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Quad City Press		Date of Disbursement MM / DD / YYYY 01 / 21 / 2026
Mailing Address 1325 15th St		FEC Identification Number C C00906958
City Moline	State IL	Zip Code 61265
Purpose of Disbursement Printing	Category/ Type 004	Amount of Each Disbursement this Period 453.78
Candidate Name MICHAEL PIERCE FOR CONGRESS	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4269
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1265.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 24	
	<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)
MICHAEL PIERCE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Quad City Press

Mailing Address 1325 15th St

City Moline State IL Zip Code 61265

Purpose of Disbursement Printing Category/Type 004

Candidate Name MICHAEL PIERCE FOR CONGRESS

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

State: IL District: 11

Date of Disbursement 02 / 09 / 2026

FEC Identification Number C C00906958

Amount of Each Disbursement this Period 5426.01

Transaction ID : SB17.4236

Memo Item

Full Name (Last, First, Middle Initial)
B. Veterans Outreach of Illinois

Mailing Address 416 NE Jefferson .Ave

City Peoria State IL Zip Code 61636

Purpose of Disbursement Event Registration Category/Type 007

Candidate Name MICHAEL PIERCE FOR CONGRESS

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

State: IL District: 11

Date of Disbursement 01 / 25 / 2026

FEC Identification Number C C00906958

Amount of Each Disbursement this Period 500.00

Transaction ID : SB17.4224

Memo Item

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

Mailing Address 14 Douglas Ave B

City Elgin State IL Zip Code 60120

Purpose of Disbursement Advertising Category/Type 003

Candidate Name MICHAEL PIERCE FOR CONGRESS

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

State: IL District: 11

Date of Disbursement 02 / 17 / 2026

FEC Identification Number C C00906958

Amount of Each Disbursement this Period 500.00

Transaction ID : SB17.4228

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 6426.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 24	
	<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)
MICHAEL PIERCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Zahm, Jon, , ,		Date of Disbursement MM / DD / YYYY 01 / 01 / 2026
Mailing Address 117 N Hill St		FEC Identification Number C C00906958
City Geneseo	State IL	Zip Code 61254
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name MICHAEL PIERCE FOR CONGRESS	Amount of Each Disbursement this Period 3800.00	
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) ▼	Transaction ID : SB17.4220
State: IL District: 11	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Zahm, Jon, , ,		Date of Disbursement MM / DD / YYYY 02 / 01 / 2026
Mailing Address 117 N Hill St		FEC Identification Number C C00906958
City Geneseo	State IL	Zip Code 61254
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name MICHAEL PIERCE FOR CONGRESS	Amount of Each Disbursement this Period 3800.00	
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) ▼	Transaction ID : SB17.4227
State: IL District: 11	<input type="checkbox"/> Memo Item	

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

SUBTOTAL of Disbursements This Page (optional).....▶	7600.00
TOTAL This Period (last page this line number only).....▶	20852.41

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4106**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 01 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 1000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4107**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 16 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4108**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
380.00	0.00	380.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 21 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	380.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4133**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8670.00	0.00	8670.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 13 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	8670.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4134**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 10 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	8000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4162**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 22609.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 22609.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 30 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	22609.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4207**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6376.00	0.00	6376.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 15 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	6376.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4209**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 16 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	30000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4210**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 30 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4256**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input checked="" type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 330.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 330.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 25 / 2026	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	330.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4270**
MICHAEL PIERCE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
PIERCE, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1155 S. WASHINGTON STREET		<input type="checkbox"/> General
City NAPERVILLE		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60540	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2297.30	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2297.30
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 25 / 2026	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2297.30
TOTALS This Period (last page in this line only).....▶	89662.30

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