



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**WALTER FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 25 / 2026

	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)) ....	5657.38	52356.06
(b) Total Contribution Refunds (from Line 20(d)) .....	50.00	2150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	5607.38	50206.06
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	66875.81	145991.03
(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)) .....	66875.81	145991.03
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>14628.80</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>111954.79</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

**WALTER 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).....	2375.11	40027.56
(ii) Unitemized.....	1828.17	9501.40
(iii) TOTAL of contributions from individuals ▶	4203.28	49528.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1454.10	2354.10
(d) The Candidate.....	0.00	473.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5657.38	52356.06
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	69800.00	113954.79
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	69800.00	113954.79
<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>	75457.38	166310.85

**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.....	66875.81	145991.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	1900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50.00	2150.00
21. OTHER DISBURSEMENTS .....	0.00	1541.02
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	66925.81	151682.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6097.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75457.38
25. SUBTOTAL (add Line 23 and Line 24).....	81554.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66925.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14628.80

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Carasella, Ronald, , ,

Mailing Address 1N030 Denali Road

City Elburn State IL Zip Code 60119

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

Name of Employer None Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2026

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period  
260.25

Memo Item  
Earmarked Through Winred

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

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17322.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2026

Transaction ID : SA11AI.4922.0

Amount of Each Receipt this Period  
260.25

Memo Item  
Conduit Memo

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

Mailing Address 1N030 Denali Road

City Elburn State IL Zip Code 60119

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

Name of Employer None Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
290.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2026

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period  
30.00

Memo Item  
Earmarked Through Winred

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.25

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

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

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17352.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2026

**Transaction ID : SA11AI.4925.0**

Amount of Each Receipt this Period  
30.00

Memo Item  
Conduit Memo

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

Mailing Address 1N030 Denali Road

City: Elburn State: IL Zip Code: 60119

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

Name of Employer: Occupation:  
None Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
394.35

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2026

**Transaction ID : SA11AI.4927**

Amount of Each Receipt this Period  
104.10

Memo Item  
Earmarked Through Winred

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

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17457.06

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2026

**Transaction ID : SA11AI.4927.0**

Amount of Each Receipt this Period  
104.10

Memo Item  
Conduit Memo

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.10

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Goss, Davis, , ,

Mailing Address 880 N Main Street

City Elburn State IL Zip Code 60119

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

Name of Employer VWC Occupation Chiropractor

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
520.51

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2026

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period  
520.51

Memo Item  
Earmarked Through Winred

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

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
16251.19

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2026

Transaction ID : SA11AI.4762.0

Amount of Each Receipt this Period  
520.51

Memo Item  
Conduit Memo

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

Mailing Address 49W924 Perry Road

City Maple Park State IL Zip Code 60151

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

Name of Employer FedEx Express Occupation Pilot

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
720.51

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 11 / 2026

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period  
200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.51

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Gould, Eldon, , ,

Mailing Address 50W090 Perry Road

City: Maple Park State: IL Zip Code: 60151

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed Occupation: Farmer

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 660.25

Date of Receipt: 02 / 11 / 2026

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period: 100.00

Memo Item

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

Mailing Address 27 W 179 Galusha Avenue

City: Warrenville State: IL Zip Code: 60555

FEC ID number of contributing federal political committee: C

Name of Employer: None Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 260.25

Date of Receipt: 02 / 12 / 2026

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period: 260.25

Memo Item

Earmarked Through Winred

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

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: C C00694323

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 16978.61

Date of Receipt: 02 / 18 / 2026

Transaction ID : SA11AI.4913.0

Amount of Each Receipt this Period: 260.25

Memo Item

Conduit Memo

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.25

**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 43	
<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)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Nevenhoven, John, , ,

Mailing Address 1002 Berry Street

City Elburn	State IL	Zip Code 60119
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
314.05

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2026

**Transaction ID : SA11AI.4866**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1002 Berry Street

City Elburn	State IL	Zip Code 60119
----------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2026

**Transaction ID : SA11AI.4867**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1227 Corrigan Street

City Elburn	State IL	Zip Code 60119
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FEC ID number of contributing federal political committee. **C**

Name of Employer Village of Elburn	Occupation Secretary
---------------------------------------	-------------------------

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  
01 / 30 / 2026

**Transaction ID : SA11AI.4864**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	700.00
<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 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Pitstick, Dale, , ,

Mailing Address 2N118 Pouley Road

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Farmer

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  
02 / 11 / 2026

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 44W130 Seavy Road

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
620.51

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 11 / 2026

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period  
100.00

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).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2375.11

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 43  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Citizens for Dan Ugaste

Mailing Address 399 Southampton Drive

City Geneca State IL Zip Code 60134

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
104.10

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

**Transaction ID : SA11C.4826**

Amount of Each Receipt this Period  
104.10

Memo Item

Earmarked Through Winred: Verified as Federally Permissible Funds

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

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
16479.39

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

**Transaction ID : SA11C.4826.0**

Amount of Each Receipt this Period  
104.10

Memo Item  
Conduit Memo

**C.** Full Name (Last, First, Middle Initial)  
ILLINOIS CORN GROWERS ASSOCIATION POLITICAL INVOLVEMENT FUND-FEDERAL

Mailing Address PO BOX 1623

City BLOOMINGTON State IL Zip Code 61702

FEC ID number of contributing federal political committee. **C** C00376590

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 11 / 2026

**Transaction ID : SA11C.4881**

Amount of Each Receipt this Period  
1350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1454.10
<b>TOTAL</b> This Period (last page this line number only).....▶	1454.10

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 12 OF 43	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
WALTER, JEFFREY D, , ,

Mailing Address 1490 SETTLER ST

City ELBURN	State IL	Zip Code 60119
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL11166

Name of Employer Elburn, Illinois	Occupation Mayor
--------------------------------------	---------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
53627.79

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 06 / 2026

**Transaction ID : SA13A.4800**

Amount of Each Receipt this Period  
9000.00

Memo Item  
Candidate Loan

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

Mailing Address 1490 SETTLER ST

City ELBURN	State IL	Zip Code 60119
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FEC ID number of contributing federal political committee. **C** H6IL11166

Name of Employer Elburn, Illinois	Occupation Mayor
--------------------------------------	---------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
78627.79

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2026

**Transaction ID : SA13A.4801**

Amount of Each Receipt this Period  
25000.00

Memo Item  
Candidate Loan

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

Mailing Address 1490 SETTLER ST

City ELBURN	State IL	Zip Code 60119
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL11166

Name of Employer Elburn, Illinois	Occupation Mayor
--------------------------------------	---------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
103627.79

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 21 / 2026

**Transaction ID : SA13A.4844**

Amount of Each Receipt this Period  
25000.00

Memo Item  
Candidate Loan

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	59000.00
<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 13 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
WALTER, JEFFREY D, , ,

Mailing Address 1490 SETTLER ST

City ELBURN State IL Zip Code 60119

FEC ID number of contributing federal political committee. **C** H6IL11166

Name of Employer Elburn, Illinois Occupation Mayor

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
114427.79

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2026

Transaction ID : SA13A.4941

Amount of Each Receipt this Period  
10800.00

Memo Item  
Candidate Loan

**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).....▶	10800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	69800.00

# 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 14 OF 43	
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ashley Kain Spector, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026
Mailing Address 602 Stonegate Terrace		FEC Identification Number C
City Glencoe	State IL	Zip Code 60022
Purpose of Disbursement Fundraising Consulting	Category/ Type 001	Amount of Each Disbursement this Period 1000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4935 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Ashley Kain Spector, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026
Mailing Address 602 Stonegate Terrace		FEC Identification Number C
City Glencoe	State IL	Zip Code 60022
Purpose of Disbursement Fundraising Consulting	Category/ Type 001	Amount of Each Disbursement this Period 1000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4938 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Aurora Township GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026
Mailing Address PO Box 40		FEC Identification Number C
City Aurora	State IL	Zip Code 60502
Purpose of Disbursement Event Tickets	Category/ Type 001	Amount of Each Disbursement this Period 500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4949 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<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 15 OF 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 7601 Penn Avenue South		FEC Identification Number C
City Richfield	State MN	Zip Code 55423
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 524.74	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4944 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Buell, Mary, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2026
Mailing Address 232 Alpine Ct		FEC Identification Number C
City Gilberts	State IL	Zip Code 60136
Purpose of Disbursement Strategic Consulting	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 7250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4794 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Buell, Mary, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 232 Alpine Ct		FEC Identification Number C
City Gilberts	State IL	Zip Code 60136
Purpose of Disbursement Reimbursement: Office Supplies	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 91.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4909 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7866.34
<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 16 OF 43			
	<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)  
**WALTER FOR CONGRESS**

**A. Buffalo Wild Wings**

Full Name (Last, First, Middle Initial)

Mailing Address 820 Commons Dr

City Geneva State IL Zip Code 60134

Purpose of Disbursement Meeting Expense Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 288.06

Transaction ID : SB17.4820

Memo Item

**B. CASA Kane County**

Full Name (Last, First, Middle Initial)

Mailing Address 100 S. Third Street Ste 460

City Geneva State IL Zip Code 60134

Purpose of Disbursement Event Tickets Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 560.00

Transaction ID : SB17.4842

Memo Item

**C. Cicero, Tim, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 780 Ridgeview Lane

City Sugar Grove State IL Zip Code 60554

Purpose of Disbursement Advertisement: Glass Engraving Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 192.00

Transaction ID : SB17.4841

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1040.06

**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 17 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cicero, Tim, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 11 / 2026	
Mailing Address 780 Ridgeview Lane			FEC Identification Number C	
City Sugar Grove	State IL	Zip Code 60554	Amount of Each Disbursement this Period 192.00	
Purpose of Disbursement Advertisement: Glass Engraving		Category/ Type 001	Transaction ID : SB17.4908	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DuPage County GOP</b>			Date of Disbursement MM / DD / YYYY 01 / 20 / 2026	
Mailing Address PO Box 893			FEC Identification Number C	
City Wheaton	State IL	Zip Code 60187	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement Event Tickets		Category/ Type 001	Transaction ID : SB17.4839	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ECSC333 LLC</b>			Date of Disbursement MM / DD / YYYY 01 / 16 / 2026	
Mailing Address 618 W. State Street			FEC Identification Number C	
City Geneva	State IL	Zip Code 60134	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Rent		Category/ Type 001	Transaction ID : SB17.4796	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2942.00
<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 18 OF 43			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ECSC333 LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 618 W. State Street		FEC Identification Number C
City Geneva	State IL	Zip Code 60134
Purpose of Disbursement Rent	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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) ▼	Transaction ID : SB17.4851
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026
Mailing Address 1 Meta Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 41.00	
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) ▼	Transaction ID : SB17.4786
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Facebook</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026
Mailing Address 1 Meta Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 45.00	
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) ▼	Transaction ID : SB17.4787
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1086.00
<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 19 OF 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Facebook</b>		M M / D D / Y Y Y Y 01 / 12 / 2026	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Advertising		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	49.00
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) ▼		<b>Transaction ID : SB17.4788</b>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Facebook</b>		M M / D D / Y Y Y Y 01 / 13 / 2026	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Advertising		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	53.00
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) ▼		<b>Transaction ID : SB17.4789</b>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Facebook</b>		M M / D D / Y Y Y Y 01 / 14 / 2026	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Advertising		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	57.00
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) ▼		<b>Transaction ID : SB17.4790</b>
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	159.00
<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 20 OF 43	
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Facebook</b>		M M / D D / Y Y Y Y 01 / 20 / 2026	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Advertising		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	80.16
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.4810
State:	District:	<input 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. Facebook</b>		M M / D D / Y Y Y Y 01 / 22 / 2026	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Advertising		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	67.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.4815
State:	District:	<input 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. Facebook</b>		M M / D D / Y Y Y Y 01 / 23 / 2026	
Mailing Address 1 Meta Way		FEC Identification Number	
City Menlo Park	State CA	Zip Code 94025	C
Purpose of Disbursement Advertising		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	72.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.4816
State:	District:	<input 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).....▶	219.16
<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 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>A. Facebook</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>26</td> <td></td> <td>2026</td> </tr> </table>			M M	/	D D	/	Y Y Y Y	01		26		2026
M M	/	D D	/	Y Y Y Y											
01		26		2026											
Mailing Address 1 Meta Way			FEC Identification Number												
City Menlo Park		State CA	Zip Code 94025												
Purpose of Disbursement Advertising		Category/ Type		Amount of Each Disbursement this Period											
		001		77.00											
Candidate Name			Transaction ID : SB17.4817												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:			<input type="checkbox"/> Memo Item												

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>B. Facebook</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>02</td> <td></td> <td>2026</td> </tr> </table>			M M	/	D D	/	Y Y Y Y	02		02		2026
M M	/	D D	/	Y Y Y Y											
02		02		2026											
Mailing Address 1 Meta Way			FEC Identification Number												
City Menlo Park		State CA	Zip Code 94025												
Purpose of Disbursement Advertising		Category/ Type		Amount of Each Disbursement this Period											
		001		83.00											
Candidate Name			Transaction ID : SB17.4849												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:			<input type="checkbox"/> Memo Item												

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>C. Facebook</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>04</td> <td></td> <td>2026</td> </tr> </table>			M M	/	D D	/	Y Y Y Y	02		04		2026
M M	/	D D	/	Y Y Y Y											
02		04		2026											
Mailing Address 1 Meta Way			FEC Identification Number												
City Menlo Park		State CA	Zip Code 94025												
Purpose of Disbursement Advertising		Category/ Type		Amount of Each Disbursement this Period											
		001		89.00											
Candidate Name			Transaction ID : SB17.4874												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:			<input type="checkbox"/> Memo Item												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	249.00
<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 22 OF 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Facebook</b>		M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		95.00
		Transaction ID : SB17.4876
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Facebook</b>		M M / D D / Y Y Y Y 02 / 19 / 2026
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		65.24
		Transaction ID : SB17.4931
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Illinois Freedom Alliance</b>		M M / D D / Y Y Y Y 01 / 28 / 2026
Mailing Address 1529 46th Avenue Ste 6		FEC Identification Number
City Moline	State IL	Zip Code 61265
Purpose of Disbursement Event Tickets	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		410.00
		Transaction ID : SB17.4858
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	570.24
<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 23 OF 43			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kane County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 333 N Randall Rd #115		FEC Identification Number C
City St. Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Sponsorship	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 700.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4804 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Kane County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address 333 N Randall Rd #115		FEC Identification Number C
City St. Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Tickets	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1030.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4837 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Kane County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address 333 N Randall Rd #115		FEC Identification Number C
City St. Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Tickets	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 750.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4838 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2480.18
<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 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kane County GOP</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 333 N Randall Rd #115		FEC Identification Number C
City St. Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Tickets	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 103.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4942	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Lowes</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2026
Mailing Address 955 S Randall Rd		FEC Identification Number C
City Geneva	State IL	Zip Code 60134
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 607.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4811	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Lowes</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2026
Mailing Address 955 S Randall Rd		FEC Identification Number C
City Geneva	State IL	Zip Code 60134
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 157.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4819	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	867.30
<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 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Lowes			M M / D D / Y Y Y Y 02 / 09 / 2026		
Mailing Address 955 S Randall Rd			FEC Identification Number		
City Geneva		State IL	Zip Code 60134		C
Purpose of Disbursement Office Supplies				001	Amount of Each Disbursement this Period
Candidate Name					233.00
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		Transaction ID : SB17.4875	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement		
B. Lowes			M M / D D / Y Y Y Y 02 / 23 / 2026		
Mailing Address 955 S Randall Rd			FEC Identification Number		
City Geneva		State IL	Zip Code 60134		C
Purpose of Disbursement Office Supplies				001	Amount of Each Disbursement this Period
Candidate Name					71.00
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		Transaction ID : SB17.4943	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. Mailchimp			M M / D D / Y Y Y Y 01 / 20 / 2026		
Mailing Address 405 N Angier Ave NE			FEC Identification Number		
City Atlanta		State GA	Zip Code 30308		C
Purpose of Disbursement Email Services				001	Amount of Each Disbursement this Period
Candidate Name					135.00
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		Transaction ID : SB17.4809	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	439.00
<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 26 OF 43	
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mailchimp**

Mailing Address 405 N Angier Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Services  Category/Type

Candidate Name

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

State: District:

Date of Disbursement  /  /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB17.4929

Memo Item

Full Name (Last, First, Middle Initial)

**B. Naperville Township Republican Organization**

Mailing Address 1567 N Aurora Road #139

City Naperville State IL Zip Code 60563

Purpose of Disbursement Event Tickets  Category/Type

Candidate Name

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

State: District:

Date of Disbursement  /  /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB17.4854

Memo Item

Full Name (Last, First, Middle Initial)

**C. Netzky Olswang Law Group**

Mailing Address 8605 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631

Purpose of Disbursement Legal Services  Category/Type

Candidate Name

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

State: District:

Date of Disbursement  /  /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB17.4845

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Netzky Olswang Law Group</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026		
Mailing Address 8605 W Bryn Mawr Ave			FEC Identification Number C		
City Chicago	State IL	Zip Code 60631	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement Legal Services		Category/ Type 001	Transaction ID : SB17.4939		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Netzky Olswang Law Group</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026		
Mailing Address 8605 W Bryn Mawr Ave			FEC Identification Number C		
City Chicago	State IL	Zip Code 60631	Amount of Each Disbursement this Period 5582.22		
Purpose of Disbursement Legal Services		Category/ Type 001	Transaction ID : SB17.4940		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Niko's Red Mill Tavern</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026		
Mailing Address 1040 Lake Avenue			FEC Identification Number C		
City Woodstock	State IL	Zip Code 60098	Amount of Each Disbursement this Period 509.26		
Purpose of Disbursement Catering Expense		Category/ Type 001	Transaction ID : SB17.4932		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7591.48
<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 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Obscurity Brewing</b>		M M / D D / Y Y Y Y 01 / 20 / 2026	
Mailing Address 113 W N Street		FEC Identification Number	
City Elburn	State IL	Zip Code 60119	C
Purpose of Disbursement Catering Expense		001	Amount of Each Disbursement this Period
Candidate Name		Category/Type	666.00
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) ▼		Transaction ID : SB17.4822
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Professional Data Services</b>		M M / D D / Y Y Y Y 01 / 02 / 2026	
Mailing Address 824 S Milledge Ave Ste 101		FEC Identification Number	
City Athens	State GA	Zip Code 30605	C
Purpose of Disbursement Compliance Consulting		001	Amount of Each Disbursement this Period
Candidate Name		Category/Type	2029.56
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) ▼		Transaction ID : SB17.4792
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Professional Data Services</b>		M M / D D / Y Y Y Y 01 / 14 / 2026	
Mailing Address 824 S Milledge Ave Ste 101		FEC Identification Number	
City Athens	State GA	Zip Code 30605	C
Purpose of Disbursement Compliance Consulting		001	Amount of Each Disbursement this Period
Candidate Name		Category/Type	2028.08
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) ▼		Transaction ID : SB17.4793
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4723.64
<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 29 OF 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Professional Data Services</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 824 S Milledge Ave Ste 101		FEC Identification Number C
City Athens	State GA	Zip Code 30605
Purpose of Disbursement Compliance Consulting	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 2031.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4946	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Prompt.io Inc</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2026
Mailing Address 14419 Greenwood Ave N A-373		FEC Identification Number C
City Seattle	State WA	Zip Code 98133
Purpose of Disbursement Software	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4791	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Quigley's Irish Pub</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2026
Mailing Address 43 East Jefferson Ave		FEC Identification Number C
City Naperville	State IL	Zip Code 60540
Purpose of Disbursement Catering Expense	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 970.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4852	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4002.02
<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 30 OF 43	
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Rising Tide Direct**

Mailing Address 233 Needham St

City Newton State MA Zip Code 02464

Purpose of Disbursement Communications Consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 15 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 5000.00

Transaction ID : SB17.4795

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rising Tide Direct**

Mailing Address 233 Needham St

City Newton State MA Zip Code 02464

Purpose of Disbursement Communications Consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 02 / 13 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 5000.00

Transaction ID : SB17.4905

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schiene, Alex, , ,**

Mailing Address 11326 Wexford Drive

City Mokena State IL Zip Code 60448

Purpose of Disbursement Advertising: Drone Video Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 05 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 750.00

Transaction ID : SB17.4798

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 10750.00

**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 31 OF 43			
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Story Tellers Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2026		
Mailing Address PO Box 1472			FEC Identification Number C		
City Richmond	State VA	Zip Code 23218	Amount of Each Disbursement this Period 8932.00		
Purpose of Disbursement Palm Cards		Category/ Type 001	Transaction ID : SB17.4846		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. The Hairy Ant</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2026		
Mailing Address 602 Sidewell Ct V			FEC Identification Number C		
City St Charles	State IL	Zip Code 60174	Amount of Each Disbursement this Period 494.00		
Purpose of Disbursement Advertising:T-Shirts		Category/ Type 001	Transaction ID : SB17.4878		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Winred Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026		
Mailing Address 1776 Wilson Blvd Ste 530			FEC Identification Number C		
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 20.51		
Purpose of Disbursement CC Transaction Fees		Category/ Type 001	Transaction ID : SB17.4765		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9446.51
<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 32 OF 43			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 4.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4770 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 0.79
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4808 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 4.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4828 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8.99
<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 33 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 6.97
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4835 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 59.44
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4873 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 29.35
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4920 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95.76
<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 34 OF 43	
	<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)  
**WALTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Winred Technical Services</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2026
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 15.53
Candidate Name		Transaction ID : SB17.4921
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. WRMN Radio</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 14 Douglas Ave #B		FEC Identification Number C
City Elgin	State IL	Zip Code 60120
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.4906
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:	Category/Type 001	

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
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	515.53
<b>TOTAL</b> This Period (last page this line number only).....▶	66329.36

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4403**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item WALTER, JEFFREY D, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1490 SETTLER ST		
City ELBURN	State IL	ZIP Code 60119 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	2000.00	1000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 10 / 2025	M M / D D / Y Y Y Y On Demand	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).....▶	1000.00
<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) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4599**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
WALTER, JEFFREY D, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1490 SETTLER ST			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City ELBURN	State IL	ZIP Code 60119	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 06 / 2025	MM / DD / YYYY On Demand	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).....▶	8000.00
<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) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4642**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item WALTER, JEFFREY D, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1490 SETTLER ST		
City ELBURN	State IL	ZIP Code 60119 <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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 12 / 2025	M M / D D / Y Y Y Y On Demand	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).....▶	8000.00
<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) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4665**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>WALTER, JEFFREY D, , ,</b>		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1490 SETTLER ST		
City ELBURN	State IL	ZIP Code 60119
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9900.00	0.00	9900.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 04 / 2025	M M / D D / Y Y Y Y On Demand	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).....▶	9900.00
<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/10.4761**  
**WALTER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
WALTER, JEFFREY D, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1490 SETTLER ST		<input type="checkbox"/> General
City ELBURN		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60119	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15254.79	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15254.79
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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 / 18 / 2025	M M / D D / Y Y Y Y On Demand	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).....▶	15254.79
<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) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4800**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item WALTER, JEFFREY D, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1490 SETTLER ST		
City ELBURN	State IL	ZIP Code 60119 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 06 / 2026	On Demand	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).....▶	9000.00
<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/10.4801**  
**WALTER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
WALTER, JEFFREY D, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1490 SETTLER ST		<input type="checkbox"/> General
City ELBURN		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60119	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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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 / 15 / 2026	M M / D D / Y Y Y Y On Demand	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).....▶	25000.00
<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/10.4844**  
**WALTER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
WALTER, JEFFREY D, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1490 SETTLER ST		<input type="checkbox"/> General
City ELBURN		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60119	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 21 / 2026	On Demand	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).....▶	25000.00
<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/10.4941**  
**WALTER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
WALTER, JEFFREY D, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1490 SETTLER ST		<input type="checkbox"/> General
City ELBURN		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60119	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10800.00
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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 02 / 20 / 2026	M M / D D / Y Y Y Y On Demand	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).....▶	10800.00
<b>TOTALS</b> This Period (last page in this line only).....▶	111954.79

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