

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KATHY SALVI FOR US SENATE

ADDRESS (number and street)

325 W. WASHINGTON STREET

SUITE 401

WAUKEGAN

IL

60085

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00807222

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

STATE ▼ DISTRICT

IL

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

11

D D /

29

Y Y Y Y /

2022

through

M M /

12

D D /

31

Y Y Y Y /

2022

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

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M /

01

D D /

30

Y Y Y Y /

2023

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 19

Write or Type Committee Name
KATHY SALVI FOR US SENATE

Report Covering the Period:

From:

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

To:

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

	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))....	15.00	810754.97
(b) Total Contribution Refunds (from Line 20(d))	50.00	27557.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 35.00	783197.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46512.40	1237724.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	61769.23
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	46512.40	1175954.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7823.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	80000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 19

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KATHY SALVI FOR US SENATE

Report Covering the Period:

From:

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

To:

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

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).....

0.00

479987.68

(ii) Unitemized.....

15.00

289478.02

(iii) TOTAL of contributions from individuals ▶

15.00

769465.70

(b) Political Party Committees.....

0.00

10000.00

(c) Other Political Committees (such as PACs).....

0.00

30641.27

(d) The Candidate.....

0.00

648.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

15.00

810754.97

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

480000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

480000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

61769.23

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

10.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

15.00

1352534.20

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46512.40	1237724.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	75000.00	75000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	75000.00	75000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	50.00	27557.00
(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)).....	50.00	27557.00
21. OTHER DISBURSEMENTS	0.00	550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	121562.40	1340831.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129371.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15.00
25. SUBTOTAL (add Line 23 and Line 24).....	129386.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121562.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7823.77

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. 9SEVEN CONSULTING

Mailing Address PO BOX 183

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2022

City
HUDSONState
WIZip Code
54016

FEC Identification Number

C

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2589.95

Transaction ID : B8EF606CA165D490A8A1

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DONORBUREAU

Mailing Address 1900 N CULPEPER ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2022

City
ARLINGTONState
VAZip Code
22207-2003

FEC Identification Number

C

Purpose of Disbursement
STATISTICAL MODELING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

650.27

Transaction ID : B612E8223CCEF4635A23

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2022

City
ASHBURNState
VAZip Code
20147-5905

FEC Identification Number

C

Purpose of Disbursement
PRINTING EXPENSE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

994.50

Transaction ID : BE4A8DD583A1445F8AA8

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

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

4234.72

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2022

City
ROCHESTERState
NYZip Code
14625-2311Purpose of Disbursement
PAYROLL WAGES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

7628.28

Transaction ID : B35E6E8EECD8245F383B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2022

City
ROCHESTERState
NYZip Code
14625-2311Purpose of Disbursement
PAYROLL WAGES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3965.55

Transaction ID : B495E389AEFCD4C21B6B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2022

City
ROCHESTERState
NYZip Code
14625-2311Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2162.22

Transaction ID : BFCBA5EDFEA77499F8CA

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

13756.05

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

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

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

City
ROCHESTERState
NYZip Code
14625-2311Purpose of Disbursement
PAYROLL FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

178.00

Transaction ID : BF20D19B5D1E74E7BB4C

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SALVI & MAHER, LLCMailing Address 325 WASHINGTON ST
SUITE 302City
WAUKEGANState
ILZip Code
60085-5526Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4200.00

Transaction ID : B808179E83C4448D897F

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SUNRISE DATA SERVICES

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City
ASHBURNState
VAZip Code
20147-5905Purpose of Disbursement
DATA: MAIL LIST PROCESSING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

989.78

Transaction ID : B9BB2987F278E4230B3A

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

5367.78

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

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

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

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. TROWBRIDGE, PATRICIA, , ,

Mailing Address PO BOX 9212

City
SEATTLEState
WAZip Code
98109-0212Purpose of Disbursement
EXPENSE REIMBURSEMENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

12841.67

Transaction ID : B7584F7BC9490419382F

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TROWBRIDGE, PATRICIA, , ,

Mailing Address PO BOX 9212

City
SEATTLEState
WAZip Code
98109-0212Purpose of Disbursement
MILEAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

503.50

Transaction ID : BC643BFF858A8467CBFD

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. TROWBRIDGE, PATRICIA, , ,

Mailing Address PO BOX 9212

City
SEATTLEState
WAZip Code
98109-0212Purpose of Disbursement
MILEAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2625.00

Transaction ID : B24A9074EDA3F41D9B08

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

12841.67

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

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

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

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 433 W HARRISON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2022

City
CHICAGOState
ILZip Code
60699-3916Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : B6A04A9C211EA402D945

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 433 W HARRISON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

City
CHICAGOState
ILZip Code
60699-3916Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : B8C5EBF00F36244A19C2

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 433 W HARRISON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2022

City
CHICAGOState
ILZip Code
60699-3916Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

7.10

Transaction ID : BF798E8845E3F403FB5E

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 433 W HARRISON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2022

City
CHICAGOState
ILZip Code
60699-3916Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

20.95

Transaction ID : B164FAFA671D34260BDF

☒ Memo Item**B. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 433 W HARRISON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2022

City
CHICAGOState
ILZip Code
60699-3916Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : BE57601830E094631891

☒ Memo Item**C. OFFICE MAX**

Full Name (Last, First, Middle Initial)

Mailing Address 1829 W FULLERTON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2022

City
CHICAGOState
ILZip Code
60614-1923Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

407.91

Transaction ID : BF0F7B43CECCF4DA49B1

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. MENARDS

Mailing Address 290 N BOLINGBROOK DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2022

City
BOLINGBROOKState
ILZip Code
60440-2380

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

624.20

Transaction ID : B6F2DAFFC167D4E0BAEB

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. ILLINOIS TOLLWAY

Mailing Address PO BOX 5382

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2022

City
CHICAGOState
ILZip Code
60680-5382

FEC Identification Number

C

Purpose of Disbursement
TRAVEL

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

342.00

Transaction ID : B6301BD074F394B92850

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. TROWBRIDGE, PATRICIA, , ,

Mailing Address PO BOX 9212

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2022

City
SEATTLEState
WAZip Code
98109-0212

FEC Identification Number

C

Purpose of Disbursement
MILEAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6562.50

Transaction ID : B21DDB719FBB8442AA02

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

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

0.00

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 12 OF 19

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City
CHANTILLY

State
VA

Zip Code
20151-1501

Purpose of Disbursement
DIRECT MAIL

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 29 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

80.40

Transaction ID : B66DBA2FAF6EF46A4824

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City
CHANTILLY

State
VA

Zip Code
20151-1501

Purpose of Disbursement
DIRECT MAIL

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 19 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

9905.97

Transaction ID : B6693A2956AC2466DA17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD, STE 530

City
ARLINGTON

State
VA

Zip Code
22009

Purpose of Disbursement
CREDIT CARD FEES

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 30 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

0.59

Transaction ID : B80F5564E6D6F4CBF8A1

☐ Memo Item

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

9986.96

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

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

PAGE 13 OF 19

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD, STE 530

City
ARLINGTONState
VAZip Code
22009Purpose of Disbursement
CREDIT CARD FEES

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : B5B44C136F2324464B4F

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

15.00

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

46202.18

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

PAGE 14 OF 19

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

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NAME OF COMMITTEE (In Full)

KATHY SALVI FOR US SENATE

Full Name (Last, First, Middle Initial)

A. SALVI, KATHY, , ,

Mailing Address 325 W. WASHINGTON STREET
SUITE 401City
WAUKEGANState
ILZip Code
60085-5514Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

SALVI, KATHY, , ,

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2022

FEC Identification Number

C C00807222

Amount of Each Disbursement this Period

75000.00

Transaction ID : BA4EDAEF9290849DAA4A

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

75000.00

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

75000.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFDDAD0922C5F40B594A

KATHY SALVI FOR US SENATE

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

SALVI, KATHY, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
325 W. WASHINGTON STREET
SUITE 401

City

State

ZIP Code

WAUKEGAN

IL

60085-5514

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 31 D

Y 2022 Y

M 12 M

D 31 D

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

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

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

PAGE 16 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C06C1CB4651564CEB9BE

KATHY SALVI FOR US SENATE

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

SALVI, KATHY, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
325 W. WASHINGTON STREET
SUITE 401

City

WAUKEGAN

State

IL

ZIP Code

60085-5514

☒ 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

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 19^D

Y 2022 Y

M 12^MD 31^D

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

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

PAGE 17 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C66A1B8921F6148CC806

KATHY SALVI FOR US SENATE

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

SALVI, KATHY, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

325 W. WASHINGTON STREET
SUITE 401

City

WAUKEGAN

State

IL

ZIP Code

60085-5514

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M /D 31^D /

Y 2022 Y

M 12^M /D 31^D /

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2AD16B02E23344A68B5

KATHY SALVI FOR US SENATE

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

SALVI, KATHY, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

325 W. WASHINGTON STREET
SUITE 401

City

WAUKEGAN

State

IL

ZIP Code

60085-5514

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M /D 31^D /

Y 2022 Y

M 12^M /D 31^D /

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

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

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

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C51A1BF929F604A96A1F

KATHY SALVI FOR US SENATE

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

SALVI, KATHY, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
325 W. WASHINGTON STREET
SUITE 401

City

State

ZIP Code

WAUKEGAN

IL

60085-5514

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

75000.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 04 D /

Y 2022 Y

M 12 M /

D 31 D /

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

80000.00

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