

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC

ADDRESS (number and street) 200 W River dr Check if different than previously reported. (ACC) St Charles IL 60542

2. FEC IDENTIFICATION NUMBER C C00906347 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2025 through 12 / 31 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Walker, David, , ,

Signature of Treasurer Walker, David, , , Date 04 / 03 / 2026

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32903.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16503.39"/>	<input type="text" value="56606.26"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="49406.63"/>	<input type="text" value="56606.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20857.65"/>	<input type="text" value="28057.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28548.98"/>	<input type="text" value="28548.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2025 To: MM / DD / YYYY 12 / 31 / 2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15414.89	55507.35
(ii) Unitemized .....	304.10	314.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15718.99	55821.86
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15718.99	55821.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	784.40	784.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	16503.39	56606.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16503.39	56606.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	20857.65	27553.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20857.65	27553.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	503.52
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20857.65	28057.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20857.65	28057.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15718.99	55821.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15718.99	55821.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20857.65	27553.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	784.40	784.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20073.25	26769.36

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

**A. Anderson, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 Horne Street  
 City St. Charles State IL Zip Code 60174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2025  
**Transaction ID : SA11AI.4349**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 Donation via Check

**B. Anderson, Tom, Anderson, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 Horne Street  
 City Saint Charles State IL Zip Code 60174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2025  
**Transaction ID : SA11AI.4347**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 Donation via Check

**C. Breugelmans, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 0N002 Alexander Drive  
 City Geneva State IL Zip Code 60134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JessTravels.Blog, LLC Occupation (for Individual) Travel Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2025  
**Transaction ID : SA11AI.4344**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Donation via Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

**A. Coyne, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1708 Chalmette Court  
 City Naperville State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chuhak Tecson Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 09 / 2025**  
**Transaction ID : SA11AI.4336**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Donation via WinRed

**B. Dewitt, Don, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 406 Surrey Woods Drive Suite A  
 City St. Charles State IL Zip Code 60174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illinois Occupation (for Individual) State Senator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 15 / 2025**  
**Transaction ID : SA11AI.4351**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Donation via Check

**C. Fazio, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Illinois Avenue  
 City St. Charles State IL Zip Code 60174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chapple Design Build Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 10 / 2025**  
**Transaction ID : SA11AI.4334**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Donation via WinRed

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

**A. Franchi, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38W095 Heritage Oaks Drive  
 City St. Charles State IL Zip Code 60175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2025  
**Transaction ID : SA11AI.4337**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Donation via WinRed

**B. Gordon, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 N. Clinton Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gordon Law Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 08 / 2025  
**Transaction ID : SA11AI.4392**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Donation via WinRed

**C. Mackey, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3746 King George Lane  
 City St. Charles State IL Zip Code 60174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Stanley Occupation (for Individual) Financial Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1409.70

Date of Receipt 12 / 09 / 2025  
**Transaction ID : SA11AI.4388**  
 Amount of Each Receipt this Period 1409.70  
 Memo Item  
 In-kind food & beverage & rental fee for fundraising event

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3909.70
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. McNally, Brian, , ,**

Mailing Address 33W693 Fletcher Road

City Wayne	State IL	Zip Code 60184
---------------	-------------	-------------------

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

Name of Employer (for Individual) McNally's Heating & Cooling	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2025

**Transaction ID : SA11AI.4343**

Amount of Each Receipt this Period  
500.00

Memo Item  
Donation via Check

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. O'Reilly, Todd, , ,**

Mailing Address 1101 Fox Glen Drive

City St. Charles	State IL	Zip Code 60174
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	09	/	2025

**Transaction ID : SA11AI.4338**

Amount of Each Receipt this Period  
500.00

Memo Item  
Donation via WinRed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Petrucci, Jasper, , ,**

Mailing Address 39W431 Longmeadow Lane

City St. Charles	State IL	Zip Code 60174
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	09	/	2025

**Transaction ID : SA11AI.4339**

Amount of Each Receipt this Period  
700.00

Memo Item  
Donation via WinRed

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

**A. Swierk, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1479 Chesnut Crossing  
 City Lemont State IL Zip Code 60439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rainbow Property Maintenance Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3041.02

Date of Receipt 12 / 10 / 2025  
**Transaction ID : SA11AI.4341**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Donation via Check

**B. Walker, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 w 672 Mare Barn Ln  
 City Wayne State IL Zip Code 60184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.21

Date of Receipt 12 / 09 / 2025  
**Transaction ID : SA11AI.4390**  
 Amount of Each Receipt this Period 805.19  
 Memo Item  
 In-kind food & beverage & rental fee for fundraising event

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2805.19
<b>TOTAL</b> This Period (last page this line number only).....	15414.89

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

**A. NationBuilder**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 S. Grand Ave  
Floor 2

City Los Angeles State CA Zip Code 90071

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.40

Date of Receipt  
12 / 12 / 2025  
**Transaction ID : SA15.4377**

Amount of Each Receipt this Period  
95.80

Memo Item  
Credit

**B. NationBuilder**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 S. Grand Ave  
Floor 2

City Los Angeles State CA Zip Code 90071

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
767.60

Date of Receipt  
12 / 15 / 2025  
**Transaction ID : SA15.4375**

Amount of Each Receipt this Period  
480.20

Memo Item  
Credit

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<b>TOTAL</b> This Period (last page this line number only).....	576.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Haase, Brett, , ,**

Mailing Address 777 Royal Saint George Drive  
Unit 521

City St. Charles State IL Zip Code 60563

Purpose of Disbursement  
Reimbursement for food & beverage at petitioning event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2025

FEC Identification Number

**C**  
Transaction ID : SB21B.4368

Amount of Each Disbursement this Period

530.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mackey, Kyle, , ,**

Mailing Address 3746 King George Lane

City St. Charles State IL Zip Code 60174

Purpose of Disbursement  
In-kind food & beverage & rental fee for fundraising event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2025

FEC Identification Number

**C**  
Transaction ID : SB21B.4389

Amount of Each Disbursement this Period

1409.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mccullagh, Thomas, , ,**

Mailing Address 813 Vertin Blvd

City Shorewood State IL Zip Code 60404

Purpose of Disbursement  
PAC Operating Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2025

FEC Identification Number

**C**  
Transaction ID : SB21B.4353

Amount of Each Disbursement this Period

8500.00

Memo Item

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

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

10440.55

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Mccullagh, Thomas, , ,**

Mailing Address 813 Vertin Blvd

City  
Shorewood

State  
IL

Zip Code  
60404

Purpose of Disbursement  
PAC Operating Expense

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
12			03			2025			

FEC Identification Number

**C**

**Transaction ID : SB21B.4352**

Amount of Each Disbursement this Period

8500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Square Space**

Mailing Address 225 Varick Street  
12th Floor

City  
New York

State  
NY

Zip Code  
10014

Purpose of Disbursement  
Software licensing fee

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
10			14			2025			

FEC Identification Number

**C**

**Transaction ID : SB21B.4369**

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Square Space**

Mailing Address 225 Varick Street  
12th Floor

City  
New York

State  
NY

Zip Code  
10014

Purpose of Disbursement  
Software licensing fee

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
10			20			2025			

FEC Identification Number

**C**

**Transaction ID : SB21B.4370**

Amount of Each Disbursement this Period

84.00

Memo Item

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

8596.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Square Space**

Mailing Address 225 Varick Street  
12th Floor

City New York State NY Zip Code 10014

Purpose of Disbursement  
Software licensing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2025			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4371

Amount of Each Disbursement this Period

142.80
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Square Space**

Mailing Address 225 Varick Street  
12th Floor

City New York State NY Zip Code 10014

Purpose of Disbursement  
Software licensing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2025			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4372

Amount of Each Disbursement this Period

8.40
------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Square Space**

Mailing Address 225 Varick Street  
12th Floor

City New York State NY Zip Code 10014

Purpose of Disbursement  
Software licensing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2025			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4381

Amount of Each Disbursement this Period

12.00
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Memo Item

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

163.20
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Square Space**

Mailing Address 225 Varick Street  
12th Floor

City New York State NY Zip Code 10014

Purpose of Disbursement

Software licensing fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4406

Amount of Each Disbursement this Period

[REDACTED]	142.80
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Walker, David, , ,**

Mailing Address 33 w 672 Mare Barn Ln

City Wayne State IL Zip Code 60184

Purpose of Disbursement

In-kind food & beverage & rental fee for fundraising event

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4391

Amount of Each Disbursement this Period

[REDACTED]	805.19
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. WinRed Technical Services LLC**

Mailing Address 1776 Wilson Blvd  
Suite 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Donation processing fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4394

Amount of Each Disbursement this Period

[REDACTED]	78.80
------------	-------

Memo Item

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

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

[REDACTED]	1026.79
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[REDACTED]	
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

### A. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd  
Suite 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Donation processing fee

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
12			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4395

Amount of Each Disbursement this Period

[REDACTED] 3.94

Memo Item

Full Name (Last, First, Middle Initial)

### B. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd  
Suite 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Donation processing fee

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
12			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4396

Amount of Each Disbursement this Period

[REDACTED] 7.88

Memo Item

Full Name (Last, First, Middle Initial)

### C. WinRed Technical Services LLC

Mailing Address 1776 Wilson Blvd  
Suite 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Donation processing fee

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
12			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4397

Amount of Each Disbursement this Period

[REDACTED] 19.70

Memo Item

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

[REDACTED] 31.52

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

**A. WinRed Technical Services LLC**

Mailing Address 1776 Wilson Blvd  
Suite 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Donation processing fee

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
12			10			2025			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4401**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									4.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. WinRed Technical Services LLC**

Mailing Address 1776 Wilson Blvd  
Suite 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Donation processing fee

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
12			10			2025			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4402**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									39.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Zoom Communications, Inc.**

Mailing Address 55 Almaden Blvd  
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement

Software licensing fee

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
10			28			2025			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4364**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									50.97

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									94.47

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CONGRESSIONAL REPUBLICAN ORGANIZATION OF ILLINOIS PAC**

Full Name (Last, First, Middle Initial)

**A. Zoom Communications, Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	5

Mailing Address 55 Almaden Blvd  
6th Floor

City San Jose State CA Zip Code 95113

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4363**

Amount of Each Disbursement this Period

[ ] 50.97

Purpose of Disbursement  
Software licensing fee

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Zoom Communications, Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	2	5

Mailing Address 55 Almaden Blvd  
6th Floor

City San Jose State CA Zip Code 95113

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4407**

Amount of Each Disbursement this Period

[ ] 50.97

Purpose of Disbursement  
Software licensing fee

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
[ ]	[ ]		[ ]	[ ]		[ ]	[ ]	[ ]	[ ]

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

[ ] 101.94

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

[ ] 20503.72