



# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**JULIE FOR ILLINOIS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="26210.75"/>	<input type="text" value="70207.58"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="260.25"/>	<input type="text" value="260.25"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="25950.50"/>	<input type="text" value="69947.33"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="7931.33"/>	<input type="text" value="24786.75"/>
(b) Total Offsets to Operating Expenditures (from Line 14) .....	<input type="text" value="0.00"/>	<input type="text" value="66.60"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	<input type="text" value="7931.33"/>	<input type="text" value="24720.15"/>
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	<input type="text" value="50241.38"/>	
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="5000.00"/>	

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

**JULIE FOR ILLINOIS**

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).....	3043.68	25720.01
(ii) Unitemized.....	23167.07	38745.77
(iii) TOTAL of contributions from individuals ▶	26210.75	64465.78
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	300.00
(d) The Candidate.....	0.00	5441.80
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26210.75	70207.58
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	66.60
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	4.32	14.20
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	26215.07	75288.38

**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.....	7931.33	24786.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	260.25	260.25
(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)).....	260.25	260.25
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8191.58	25047.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32217.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26215.07
25. SUBTOTAL (add Line 23 and Line 24).....	58432.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8191.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50241.38

**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 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 14 WORTHINGTON CT.

City BLOOMINGTON State IL Zip Code 61704

FEC ID number of contributing federal political committee. C

Name of Employer R.J. JUST INC. ROB DOBS RESTAURANT Occupation OWNER

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  
02 / 20 / 2026

Transaction ID : A332A6193B3F34CFA9DF

Amount of Each Receipt this Period  
520.51

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

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

Transaction ID : A33CD2217E44C41E3AFB

Amount of Each Receipt this Period  
520.51

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

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

Mailing Address 16791BLUE MOUNTAIN ROAD,

City MOUNT CARROLL State IL Zip Code 61053-9085

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
468.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2026

Transaction ID : A74282190DB9E463984D

Amount of Each Receipt this Period  
52.05

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 572.56

**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 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2026

Transaction ID : AC2508AD454E94D088F2

Amount of Each Receipt this Period  
52.05

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 16791BLUE MOUNTAIN ROAD,

City MOUNT CARROLL State IL Zip Code 61053-9085

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
503.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2026

Transaction ID : A33C5E76A29254B83817

Amount of Each Receipt this Period  
35.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2026

Transaction ID : A95ED6B1FB26A4AA38F3

Amount of Each Receipt this Period  
35.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 427 SOUTH MILL STREET

City MOUNT CARROLL State IL Zip Code 61053

FEC ID number of contributing federal political committee. C

Name of Employer CARROLL COUNTY Occupation SHERIFF

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 312.30

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

Transaction ID : A88D3956A88264C2A898

Amount of Each Receipt this Period  
260.25

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 15883.78

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

Transaction ID : A181A4DC735394D43AF8

Amount of Each Receipt this Period  
260.25

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

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

Mailing Address 7537 1900 EAST STREET

City TISKILWA State IL Zip Code 61368

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BECK'S HYBRIDS SALES DEVELOPMENT LEAD

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  
01 / 01 / 2026

Transaction ID : AE74B872B97B549E3AE4

Amount of Each Receipt this Period  
260.25

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.50

**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 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

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

Transaction ID : A0200BC31778847848C2

Amount of Each Receipt this Period  
260.25

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 755 21ST AVE SOUTH

City NAPLES State FL Zip Code 34102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1041.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2026

Transaction ID : A77A3200BD0EA4E109A9

Amount of Each Receipt this Period  
1041.02

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2026

Transaction ID : A711DA0E7005E4DFAB52

Amount of Each Receipt this Period  
1041.02

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

1041.02

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 12438 COVE COURT

City DUNLAP State IL Zip Code 61525

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2026

Transaction ID : ACBCCB6F69F3C46A2981

Amount of Each Receipt this Period  
250.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2026

Transaction ID : A0BA71FB2057E4F80BBB

Amount of Each Receipt this Period  
250.00

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

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

Mailing Address 5015 E KUHLEMEYER RD.

City RIDOTT State IL Zip Code 61067

FEC ID number of contributing federal political committee. C

Name of Employer UNEMPLOYED Occupation UNEMPLOYED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
296.69

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

Transaction ID : A5F1835D7CE5341879DC

Amount of Each Receipt this Period  
260.25

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.25

**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 10 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

Transaction ID : A71F3BEACFA7442079BB

Amount of Each Receipt this Period  
260.25

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 5015 E KUHLEMEYER RD.

City RIDOTT State IL Zip Code 61067

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
UNEMPLOYED UNEMPLOYED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
296.69

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

Transaction ID : A6B1347D0CDEE4E509A0

Amount of Each Receipt this Period  
260.25

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

Transaction ID : AF96DFF83AF1F42C8BC0

Amount of Each Receipt this Period  
260.25

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.25

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JULIE FOR ILLINOIS**

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

Mailing Address 3610 STROPES ROAD

City ERIE State IL Zip Code 61053

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 260.25

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

Transaction ID : ACC3AB7DE63F049238C1

Amount of Each Receipt this Period  
52.05

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 15883.78

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

Transaction ID : A8F608CE1FEBA490E8A3

Amount of Each Receipt this Period  
52.05

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

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

Mailing Address 3610 STROPES ROAD

City ERIE State IL Zip Code 61053

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 312.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2026

Transaction ID : A79148236F2C44A4A856

Amount of Each Receipt this Period  
52.05

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

**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: (check only one)		PAGE 12 OF 20	
<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)  
**JULIE FOR ILLINOIS**

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

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15883.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2026

Transaction ID : **A29903A67B3FC4668B11**

Amount of Each Receipt this Period  
52.05

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**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).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3043.68

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 20	
	<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)  
**JULIE FOR ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. AXCAPITAL, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 915.00
Candidate Name		Transaction ID : B327F1C79A2364A62A7A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>B. CAFE SANTA ROSA</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2026
Mailing Address 1327 E KELLY AVE		FEC Identification Number C
City PEORIA HEIGHTS	State IL	Zip Code 61616-6502
Purpose of Disbursement FOOD AND BEVERAGE		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : BB0F8DEF6986A4902B2E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>C. CIMINO'S LITTLE ITALY</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2026
Mailing Address 421 CHALLENGE ST		FEC Identification Number C
City FREEPORT	State IL	Zip Code 61032-2508
Purpose of Disbursement FOOD AND BEVERAGE		Amount of Each Disbursement this Period 527.51
Candidate Name		Transaction ID : BA099E02C77B848198DE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1692.51
<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 14 OF 20	
	<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)  
**JULIE FOR ILLINOIS**

**A. HIGH GROUND STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1501 42ND ST  
STE 550

City WEST DES MOINES State IA Zip Code 50266-1059

Purpose of Disbursement CAMPAIGN CONSULTING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : BEB58B91C1E494BFFB02

Memo Item

**B. HIGH GROUND STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 1501 42ND ST  
STE 550

City WEST DES MOINES State IA Zip Code 50266-1059

Purpose of Disbursement CAMPAIGN CONSULTING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 368.00

Transaction ID : BBBE2CBD7FCEB404A833

Memo Item

**C. HOPKINS, COURT, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 841 N 2ND ST

City MONMOUTH State IL Zip Code 61462-1229

Purpose of Disbursement CAMPAIGN CONSULTING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 30.00

Transaction ID : BF5ADC380600D4F19A93

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 898.00

**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 15 OF 20	
	<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)  
**JULIE FOR ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. HOPKINS, COURT, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2026	
Mailing Address 841 N 2ND ST			FEC Identification Number C	
City MONMOUTH	State IL	Zip Code 61462-1229	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Transaction ID : BB81017101F24442DA75	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. OLD DOG LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2026	
Mailing Address 23 W PINE ST			FEC Identification Number C	
City CANTON	State IL	Zip Code 61520-2521	Amount of Each Disbursement this Period 613.60	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B34A5E2FD54314D87924	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. THE DUNLOE GROUP</b>			Date of Disbursement MM / DD / YYYY 01 / 07 / 2026	
Mailing Address 4416 BRIARWOOD AVE			FEC Identification Number C	
City BLOOMINGTON	State IL	Zip Code 61704	Amount of Each Disbursement this Period 4089.50	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Transaction ID : B45AEB2DF143443BB38	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5203.10
<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 20	
	<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)  
**JULIE FOR ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 08 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 13.29

Transaction ID : B73888481A13C4CFEBBD

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 15 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4.51

Transaction ID : B88281CD46F3347A08A7

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 22 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4.10

Transaction ID : BC007FC2948684DFAA17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 21.90

**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 20	
	<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)  
**JULIE FOR ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 29 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 41.02

Transaction ID : B91031AA059B84A4F9A5

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 31 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4.10

Transaction ID : BCCEFE96AAA054665B32

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address 4250 FAIRFAX DR  
STE 600

City ARLINGTON State VA Zip Code 22203-1665

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 02 / 05 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 5.54

Transaction ID : BCE5EAB32AA6443B8911

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 50.66

**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 18 OF 20	
	<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)  
**JULIE FOR ILLINOIS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. WINRED TECHNICAL SERVICES</b>		M M / D D / Y Y Y Y 02 / 12 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203-1665
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 6.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B0E8D9ADC9FDA4E3994C <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. WINRED TECHNICAL SERVICES</b>		M M / D D / Y Y Y Y 02 / 19 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203-1665
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 22.51	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B5793053782534CDAA62 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. WINRED TECHNICAL SERVICES</b>		M M / D D / Y Y Y Y 02 / 25 / 2026
Mailing Address 4250 FAIRFAX DR STE 600		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22203-1665
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 36.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B9E5B342FFF0142198BC <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	65.16
<b>TOTAL</b> This Period (last page this line number only).....▶	7931.33

# 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 20	
	<input type="checkbox"/> 17 <input checked="" 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)  
**JULIE FOR ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. ROTHERMELNELSON, VALERIE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2026	
Mailing Address 5015 E KUHLEMEYER RD.			FEC Identification Number C	
City RIDOTT	State IL	Zip Code 61067	Amount of Each Disbursement this Period 260.25	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : B89347DA4D16E484B998	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	260.25
<b>TOTAL</b> This Period (last page this line number only).....▶	260.25

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JULIE FOR ILLINOIS** Transaction ID : **CE76082CBEF4E428CB3E**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>BICKELHAUPT, JULIE, , ,</b>		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15835 US-52		
City MOUNT CARROLL	State IL	ZIP Code 61053
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 29 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	5000.00

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