

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

WALTER FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	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))....	7215.03	46698.68
(b) Total Contribution Refunds (from Line 20(d))	1850.00	2100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5365.03	44598.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	51111.73	79115.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51111.73	79115.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6097.23	
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).....	42154.79	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

WALTER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3786.05	37652.45
(ii) Unitemized	3239.98	7673.23
(iii) TOTAL of contributions from individuals	7026.03	45325.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	900.00
(d) The Candidate	189.00	473.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7215.03	46698.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	41154.79	44154.79
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	41154.79	44154.79
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	48369.82	90853.47

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.....	51111.73	79115.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2000.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1850.00	1850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1850.00	2100.00
21. OTHER DISBURSEMENTS	0.00	1541.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	54961.73	84756.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12689.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48369.82
25. SUBTOTAL (add Line 23 and Line 24).....	61058.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54961.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6097.23

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 40
(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)
WALTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Autosport Inc.

Mailing Address 801 E North Street
Unit A

City Elburn State IL Zip Code 60119

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period
300.00

Memo Item
Refunded on 12/6/2025

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

Mailing Address 0S132 Willis Circle

City Geneva State IL Zip Code 60134

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

Name of Employer Occupation
TBH Travel Luxury Travel Advisor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 407 Parkside Drive

City Elburn State IL Zip Code 60119

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

Name of Employer Occupation
Linda Torres and Associates In President

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 6 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cybulski, Chester, , ,

Mailing Address 567 Republic Avenue

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee.

Name of Employer None Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 567 Republic Avenue

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee.

Name of Employer None Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 409 East Willow Street

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee.

Name of Employer VNA Health Care Occupation Registered Nurse

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2025

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

Memo Item

Earmarked Through Winred

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

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 7 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15179.73

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.4678.0

Amount of Each Receipt this Period
52.05

Memo Item
Conduit Memo

B. Full Name (Last, First, Middle Initial)
Fox River Valley PAC

Mailing Address PO Box 4193

City St Charles	State IL	Zip Code 60174
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
1000.00

Memo Item
Verified as Federally Permissible Funds

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

Mailing Address 870 Morrill Lane

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

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

Name of Employer Self Employed	Occupation Retail Operations
-----------------------------------	---------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2141.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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: (check only one)	PAGE 8 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Goucher, Lucas, , ,

Mailing Address 4N550 Pin Oak Lane
#N550

City: Maple Park State: IL Zip Code: 60151

FEC ID number of contributing federal political committee: C

Name of Employer: Hargou Management Group LLC Occupation: Agent

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 12 / 2025

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period: 50.00

Memo Item
Earmarked Through Winred

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

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: C C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 15229.73

Date of Receipt: 12 / 18 / 2025

Transaction ID : SA11AI.4701.0

Amount of Each Receipt this Period: 50.00

Memo Item
Conduit Memo

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

Mailing Address 4N550 Pin Oak Lane
#N550

City: Maple Park State: IL Zip Code: 60151

FEC ID number of contributing federal political committee: C

Name of Employer: Hargou Management Group LLC Occupation: Agent

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 12 / 12 / 2025

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period: 100.00

Memo Item
Earmarked Through Winred

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 9 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

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

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15329.73

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 18 / 2025

Transaction ID : SA11AI.4704.0

Amount of Each Receipt this Period
100.00

Memo Item
Conduit Memo

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

Mailing Address 4N550 Pin Oak Lane
#N550

City Maple Park State IL Zip Code 60151

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

Name of Employer Occupation
Harrgou Management Group LLC Agent

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 50W090 Perry Road

City Maple Park State IL Zip Code 60151

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
560.25

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 10 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hartman, Harry, , ,

Mailing Address 1043 Patriot Parkway

City Elburn State IL Zip Code 60119

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

Name of Employer None Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **344.25**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2025

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period
84.00

Memo Item
Earmarked Through Winred

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

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **14196.85**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2025

Transaction ID : SA11AI.4533.0

Amount of Each Receipt this Period
84.00

Memo Item
Conduit Memo

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

Mailing Address 1002 Berry Street

City Elburn State IL Zip Code 60119

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

Name of Employer Occupation Information Requested Information Requested

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
300.00

Memo Item

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

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

384.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Perry, Virgil, , ,

Mailing Address 1244 Beed Avenue

City Elburn State IL Zip Code 60119

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

Name of Employer None Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2025

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked Through Winred

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

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15579.73

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2025

Transaction ID : SA11AI.4716.0

Amount of Each Receipt this Period
250.00

Memo Item
Conduit Memo

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

Mailing Address 2N118 Pouley Road

City Elburn State IL Zip Code 60119

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 12 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Shaw, Frances, Scannell, ,

Mailing Address 1109 W Downer Place

City Aurora State IL Zip Code 60506

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 30 2025

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1480 Melbourne Street

City Elburn State IL Zip Code 60119

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested
Rentokil North America, Inc. Contractor Compliance Coordinator

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 15 2025

Transaction ID : SA11AI.4776

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.

Name of Employer Information Requested Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="3786.05"/>

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 13 OF 40	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

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

Mailing Address 1490 SETTLER ST

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3345.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2025

Transaction ID : SA11D.4745

Amount of Each Receipt this Period
61.00

Memo Item
Earmarked Through Winred

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

Mailing Address 1490 SETTLER ST

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19409.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : SA11D.4747

Amount of Each Receipt this Period
64.00

Memo Item
Earmarked Through Winred

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

Mailing Address 1490 SETTLER ST

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
44627.79

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2025

Transaction ID : SA11D.4749

Amount of Each Receipt this Period
64.00

Memo Item
Earmarked Through Winred

SUBTOTAL of Receipts This Page (optional).....▶	189.00
TOTAL This Period (last page this line number only).....▶	189.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

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

Mailing Address 1490 SETTLER ST

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11345.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA13A.4599

Amount of Each Receipt this Period
8000.00

Memo Item
Candidate Loan

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

Mailing Address 1490 SETTLER ST

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19345.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA13A.4642

Amount of Each Receipt this Period
8000.00

Memo Item
Candidate Loan

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

Mailing Address 1490 SETTLER ST

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
29309.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2025

Transaction ID : SA13A.4665

Amount of Each Receipt this Period
9900.00

Memo Item
Candidate Loan

SUBTOTAL of Receipts This Page (optional)..... ▶	25900.00
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 15 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

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

Mailing Address 1490 SETTLER ST

City ELBURN State IL Zip Code 60119

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

Name of Employer Elburn, Illinois Occupation Mayor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
44563.79

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2025

Transaction ID : SA13A.4761

Amount of Each Receipt this Period
15254.79

Memo Item
Candidate Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15254.79
TOTAL This Period (last page this line number only).....▶	41154.79

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Art & Alma's Bar		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025
Mailing Address 125 N Main Street		FEC Identification Number C
City Burlington	State IL	Zip Code 60109
Purpose of Disbursement Fundraising Expense		001
Candidate Name		Amount of Each Disbursement this Period 305.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Boone County GOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address PO Box 302		FEC Identification Number C
City Belvidere	State IL	Zip Code 61008
Purpose of Disbursement Event Sponsorship		001
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Boone County GOP		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address PO Box 302		FEC Identification Number C
City Belvidere	State IL	Zip Code 61008
Purpose of Disbursement Event Tickets		001
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1305.76
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 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brawndo Holdings LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 125 N Main Street		FEC Identification Number C
City Burlington	State IL	Zip Code 30109
Purpose of Disbursement Catering Expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 850.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4607
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Buell, Mary, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 232 Alpine Ct		FEC Identification Number C
City Gilberts	State IL	Zip Code 60136
Purpose of Disbursement Strategic Consulting	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 3500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4541
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Buell, Mary, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025
Mailing Address 232 Alpine Ct		FEC Identification Number C
City Gilberts	State IL	Zip Code 60136
Purpose of Disbursement Strategic Consulting	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 4500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4602
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	8850.00
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 18 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Campton Township GOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 333 N Randall Road Ste 115		FEC Identification Number C
City St Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Sponsorship	Category/ Type 001	Amount of Each Disbursement this Period 250.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4580 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Digital Terrain		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2025
Mailing Address 37085 Grand River Ave #010		FEC Identification Number C
City Farmington	State MI	Zip Code 48335
Purpose of Disbursement Website Services	Category/ Type 001	Amount of Each Disbursement this Period 2500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4737 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Drendel & Jansons Law Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 111 Finn Street		FEC Identification Number C
City Batavia	State IL	Zip Code 60510
Purpose of Disbursement Legal Services	Category/ Type 001	Amount of Each Disbursement this Period 800.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4681 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3550.00
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 19 OF 40			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elburn American Legion Post 630		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 112 N Main Street		FEC Identification Number C
City Elburn	State IL	Zip Code 60119
Purpose of Disbursement Event Space Rental	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 288.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4759
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 1 Meta Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 70.78	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4712
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2025
Mailing Address 1 Meta Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4730
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	381.78
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 Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Facebook		M M / D D / Y Y Y Y 12 / 24 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		26.00
		Transaction ID : SB17.4729
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Facebook		M M / D D / Y Y Y Y 12 / 26 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		29.00
		Transaction ID : SB17.4728
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Facebook		M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 1 Meta Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		105.00
		Transaction ID : SB17.4758
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	160.00
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 21 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Foresight Packaging Solutions

Mailing Address 160B Windsor Drive

City East Dundee State IL Zip Code 60118

Purpose of Disbursement Advertising Category/Type 001

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 / 24 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1989.25

Transaction ID : SB17.4735

Memo Item

Full Name (Last, First, Middle Initial)

B. Illinois Freedom Civic Coalition

Mailing Address 1529 46th Ave Ste 6

City Moine State IL Zip Code 61265

Purpose of Disbursement Advertising Category/Type 001

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

Amount of Each Disbursement this Period: 445.00

Transaction ID : SB17.4671

Memo Item

Full Name (Last, First, Middle Initial)

C. Kane County GOP

Mailing Address 333 N Randall Rd #115

City St. Charles State IL Zip Code 60175

Purpose of Disbursement Event Sponsorship Category/Type 001

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 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.4666

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2634.25

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 22 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kane County GOP		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 333 N Randall Rd #115		FEC Identification Number C
City St. Charles	State IL	Zip Code 60175
Purpose of Disbursement Event Sponsorship	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 60.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4667
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Mailchimp		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address 405 N Angier Ave NE		FEC Identification Number C
City Atlanta	State GA	Zip Code 30308
Purpose of Disbursement Email Services	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 135.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4530
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Mailchimp		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address 405 N Angier Ave NE		FEC Identification Number C
City Atlanta	State GA	Zip Code 30308
Purpose of Disbursement Email Services	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 135.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4618
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....	330.00
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 23 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 405 N Angier Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Services Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 12 / 17 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 135.00

Transaction ID : SB17.4707

Memo Item

Full Name (Last, First, Middle Initial)

B. Netzky Olswang Law Group

Mailing Address 8605 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631

Purpose of Disbursement Legal Services Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 13 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 7500.00

Transaction ID : SB17.4615

Memo Item

Full Name (Last, First, Middle Initial)

C. Netzky Olswang Law Group

Mailing Address 8605 W Bryn Mawr Ave

City Chicago State IL Zip Code 60631

Purpose of Disbursement Legal Services Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 12 / 10 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 7500.00

Transaction ID : SB17.4669

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 15135.00

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 24 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Obscurity Brewing		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 113 W N Street		FEC Identification Number C
City Elburn	State IL	Zip Code 60119
Purpose of Disbursement Catering Expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 343.86	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4686
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Paisano's Pizza & Grill		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 106 N Main Street		FEC Identification Number C
City Elburn	State IL	Zip Code 60119
Purpose of Disbursement Catering Expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 331.87	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4684
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 824 S Milledge Ave Ste 101		FEC Identification Number C
City Athens	State GA	Zip Code 30605
Purpose of Disbursement Compliance Consulting	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 4048.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4643
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4724.41
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 25 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Prompt.io Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2025
Mailing Address 14419 Greenwood Ave N A-373		FEC Identification Number C
City Seattle	State WA	Zip Code 98133
Purpose of Disbursement Software	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1340.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Rising Tide Direct		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2025
Mailing Address 233 Needham St		FEC Identification Number C
City Newton	State MA	Zip Code 02464
Purpose of Disbursement Communications Consulting	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Rising Tide Direct		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2025
Mailing Address 233 Needham St		FEC Identification Number C
City Newton	State MA	Zip Code 02464
Purpose of Disbursement Communications Consulting	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11340.00
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 26 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Schmidts Towne Tap		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address 107 N Main Street		FEC Identification Number C
City Elburn	State IL	Zip Code 60119
Purpose of Disbursement Meeting Expense	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 48.61	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4617
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Scott Wehrli for Naperville		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2025
Mailing Address 175 W. Jackson Ave		FEC Identification Number C
City Naperville	State IL	Zip Code 60540
Purpose of Disbursement Sponsorship	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4803
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Shepard, John, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 420 S Jackson Street		FEC Identification Number C
City Batavia	State IL	Zip Code 60510
Purpose of Disbursement Supporter Gifts: Cookies	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 350.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4782
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	648.61
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Squarespace

Mailing Address 8 Clarkson Street

City New York State NY Zip Code 10014

Purpose of Disbursement Web Hosting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 13 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 156.00

Transaction ID : SB17.4614

Memo Item

Full Name (Last, First, Middle Initial)

B. The Hairy Ant

Mailing Address 602 Sidewell Ct V

City St Charles State IL Zip Code 60174

Purpose of Disbursement Advertising: T-Shirts Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 28 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 104.00

Transaction ID : SB17.4610

Memo Item

Full Name (Last, First, Middle Initial)

C. Western Kane County Republicans

Mailing Address 333 N Randall Road #115

City St. Charles State IL Zip Code 60175

Purpose of Disbursement Event Sponsorship Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 30 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 268.61

Transaction ID : SB17.4608

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 528.61

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 28 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 2.05
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4399 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 6.15
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4527 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 26.31
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4535 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	34.51
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 29 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 41.40
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4544 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 12.30
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4552 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 65.99
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4561 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	119.69
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 30 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 6.15
Candidate Name	Category/ Type	Transaction ID : SB17.4576
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 4.10
Candidate Name	Category/ Type	Transaction ID : SB17.4613
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 61.52
Candidate Name	Category/ Type	Transaction ID : SB17.4621
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	71.77
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 1.03
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4654 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 6.15
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4680 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 5.91
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4706 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	13.09
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 32 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 61.52
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4715 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 10.67
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4727 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Winred Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 1776 Wilson Blvd Ste 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 1.03
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB17.4743 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	73.22
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 33 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Winred Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025	
Mailing Address 1776 Wilson Blvd Ste 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 4.10	
Purpose of Disbursement CC Transaction Fees		Category/ Type 001	Transaction ID : SB17.4753	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	4.10
TOTAL This Period (last page this line number only).....▶	49904.80

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALTER, JEFFREY D, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2025
Mailing Address 1490 SETTLER ST		FEC Identification Number C H6IL11166
City ELBURN	State IL	Zip Code 60119
Purpose of Disbursement Loan Repayment	Category/Type 009	
Candidate Name	Amount of Each Disbursement this Period 2000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4739
State: IL District: 11	<input type="checkbox"/> Memo Item	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 40			
	<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)
WALTER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Autosport Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2025
Mailing Address 801 E North Street Unit A		FEC Identification Number C
City Elburn	State IL	Zip Code 60119
Purpose of Disbursement Refund	Category/ Type 010	Amount of Each Disbursement this Period 450.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.4772
State: District:	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DeWitte, Don, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 230 Sedgewick Circle		FEC Identification Number C
City St. Charles	State IL	Zip Code 60174
Purpose of Disbursement Refund	Category/ Type 010	Amount of Each Disbursement this Period 1000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB20A.4674
State: District:	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	1450.00

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 10 / 2025	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4599**
WALTER FOR CONGRESS

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

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 06 / 2025	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	8000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4642**
WALTER FOR CONGRESS

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

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 12 / 2025	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	8000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4665**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 04 / 2025	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	9900.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **WALTER FOR CONGRESS** Transaction ID : **SC/10.4761**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15254.79	0.00	15254.79

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 18 / 2025	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	15254.79
TOTALS This Period (last page in this line only).....▶	42154.79

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