



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Marter for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 26 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	14454.00	99706.13
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	14454.00	99706.13
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	34760.98	90377.72
(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)) .....	34760.98	90377.72
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>13613.27</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>31597.47</b>	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Marter for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12795.00	78890.00
(ii) Unitemized.....	1659.00	20716.13
(iii) TOTAL of contributions from individuals ▶	14454.00	99606.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14454.00	99706.13
<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	238.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	238.70
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	14454.00	99944.83

**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.....	34760.98	90377.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	9712.47
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	9712.47
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	5831.61
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	34760.98	105921.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	33920.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14454.00
25. SUBTOTAL (add Line 23 and Line 24).....	48374.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34760.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13613.27

**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 63  
(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)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Beary, Rod, , ,  
Mailing Address 2226 Roth Road  
City Oswego State IL Zip Code 60543  
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 ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2026  
Transaction ID : SA11AI.11604  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Beary, Rod, , ,  
Mailing Address 2226 Roth Road  
City Oswego State IL Zip Code 60543  
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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2026  
Transaction ID : SA11AI.11618  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Bogenschutz, Robert, , ,  
Mailing Address 4237 Highland Green Dr  
City Mason State OH Zip Code 45040  
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 ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2026  
Transaction ID : SA11AI.11646  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 6 OF 63	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Marter for Congress**

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

Mailing Address 17 Chippewa Ct

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

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 ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 25 / 2026

**Transaction ID : SA11AI.11611**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 4601 Wheeler Rd

City Cherry Valley	State IL	Zip Code 61016
-----------------------	-------------	-------------------

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

Name of Employer Joe Cooling & Sons	Occupation Owner/Manager
--	-----------------------------

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
03 / 07 / 2026

**Transaction ID : SA11AI.11639**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 1325 N State Pkwy Apr 20b

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 23 / 2026

**Transaction ID : SA11AI.11603**

Amount of Each Receipt this Period  
100.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 63  
(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)  
**Marter for Congress**

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

Mailing Address PO Box 386

City: Batavia State: IL Zip Code: 60510

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: 500.00

Date of Receipt: 03 / 12 / 2026

Transaction ID : SA11AI.11593

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

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

Mailing Address 7460 Little Ln

City: Naples State: FL Zip Code: 34105

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Author

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 12 / 2026

Transaction ID : SA11AI.11591

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

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

Mailing Address 478 Kelly Ave

City: Yorkville State: IL Zip Code: 60560

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: 1300.00

Date of Receipt: 03 / 05 / 2026

Transaction ID : SA11AI.11580

Amount of Each Receipt this Period: 100.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00

**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 63	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Marter for Congress**

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

Mailing Address 13 Cala D Or

City Laguna Niguel	State CA	Zip Code 92677
-----------------------	-------------	-------------------

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
03 / 30 / 2026

**Transaction ID : SA11AI.11653**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

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

Mailing Address 21223 Prestancia Drive

City Mokena	State IL	Zip Code 60448
----------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 12 / 2026

**Transaction ID : SA11AI.11590**

Amount of Each Receipt this Period  
100.00

Memo Item Contribution

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

Mailing Address PO Box 10696

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Real Estate
-----------------------------------	---------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 14 / 2026

**Transaction ID : SA11AI.11568**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2850.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 63  
(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)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Golash, Roman, , ,  
Mailing Address 414 E Juniper Dr  
City Palatine State IL Zip Code 60074  
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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2026  
Transaction ID : SA11AI.11596  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kopper, Kristen, , ,  
Mailing Address 25314 Plainview Dr  
City Channahon State IL Zip Code 60410  
FEC ID number of contributing federal political committee. C  
Name of Employer MCHS Occupation Teacher  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026  
Transaction ID : SA11AI.11642  
Amount of Each Receipt this Period  
360.00  
 Memo Item  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kviz, Linda, , ,  
Mailing Address 695 Conton Ct  
City Oswego State IL Zip Code 60543  
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 ▼  
1900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2026  
Transaction ID : SA11AI.11649  
Amount of Each Receipt this Period  
500.00  
 Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 960.00  
**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 63  
(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)  
**Marter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City: Oswego State: IL Zip Code: 60543

FEC ID number of contributing federal political committee: **C** H8IL16153

Name of Employer: Self-Employed Occupation: CEO

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 248.70

Date of Receipt: 03 / 27 / 2026

Transaction ID : SA11AI.11630

Amount of Each Receipt this Period: 10.00

Memo Item Contribution

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

Mailing Address 1256 Terra Rd

City: Traverse City State: MI Zip Code: 49686

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: 1000.00

Date of Receipt: 03 / 28 / 2026

Transaction ID : SA11AI.11647

Amount of Each Receipt this Period: 1000.00

Memo Item Contribution

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

Mailing Address 97 Somerset St

City: Belmont State: MA Zip Code: 02478

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: 275.00

Date of Receipt: 03 / 30 / 2026

Transaction ID : SA11AI.11652

Amount of Each Receipt this Period: 100.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1110.00

**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 11 OF 63  
(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)  
**Marter for Congress**

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

Mailing Address 400 N Tigertail Rd

City Los Angeles State CA Zip Code 90049

FEC ID number of contributing federal political committee.

Name of Employer Retired 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  
03 / 04 / 2026

Transaction ID : SA11AI.11633

Amount of Each Receipt this Period

Memo Item  
Contribution

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

Mailing Address 806 Thomas Dr

City Morris State IL Zip Code 60451

FEC ID number of contributing federal political committee.

Name of Employer Retired 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  
03 / 07 / 2026

Transaction ID : SA11AI.11638

Amount of Each Receipt this Period

Memo Item  
Contribution

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

Mailing Address 15200 Melms

City Genoa State IL Zip Code 60135

FEC ID number of contributing federal political committee.

Name of Employer Retired 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  
03 / 31 / 2026

Transaction ID : SA11AI.11628

Amount of Each Receipt this Period

Memo Item  
Contribution

**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: PAGE 12 OF 63  
(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)  
**Marter for Congress**

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

Mailing Address 1200 Church St

City Peru State IL Zip Code 61354

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 ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 07 / 2026

Transaction ID : SA11AI.11582

Amount of Each Receipt this Period  
100.00

Memo Item Contribution

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

Mailing Address 1109 West Downer Pl

City Aurora State IL Zip Code 60506

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 ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2026

Transaction ID : SA11AI.11572

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

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

Mailing Address 572 Clark St

City Hinckley State IL Zip Code 60520

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Carpenter

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2026

Transaction ID : SA11AI.11619

Amount of Each Receipt this Period  
100.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 13 OF 63	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) Stenzel, Evelyn, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2026	
Mailing Address 11012 Deblin Lane			Transaction ID : SA11AI.11586	
City Oak Lawn	State IL	Zip Code 60453	Amount of Each Receipt this Period _____ 200.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 400.00		

Full Name (Last, First, Middle Initial) Stern, Elizabeth, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2026	
Mailing Address 20 Doris Dr			Transaction ID : SA11AI.11650	
City Scarsdale	State NY	Zip Code 10583	Amount of Each Receipt this Period _____ 3500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3500.00		

Full Name (Last, First, Middle Initial) Strahanoski, William, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2026	
Mailing Address 1011 Galway Road			Transaction ID : SA11AI.11609	
City Joliet	State IL	Zip Code 60431	Amount of Each Receipt this Period _____ 175.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution	
Name of Employer Self		Occupation Accountant	<input type="checkbox"/> Memo Item Contribution	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 3875.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____ 12795.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. 5/3 Bank</b>		M M / D D / Y Y Y Y 03 / 03 / 2026
Mailing Address 1 E Merchants Dr		FEC Identification Number
City Oswego	State IL	Zip Code 60543
Purpose of Disbursement Bank Fees	001	
Candidate Name Marter for Congress	Category/ Type	
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) ▼	
State: IL District: 14	Amount of Each Disbursement this Period 122.33	
		Transaction ID : SB17.11660
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Anedot</b>		M M / D D / Y Y Y Y 03 / 31 / 2026
Mailing Address 1920 McKinney Ave 7th Floor		FEC Identification Number
City Dallas	State TX	Zip Code 75201
Purpose of Disbursement Processing Fees	001	
Candidate Name Marter for Congress	Category/ Type	
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) ▼	
State: IL District: 14	Amount of Each Disbursement this Period 139.40	
		Transaction ID : SB17.11632
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Colasante, Christa, , ,</b>		M M / D D / Y Y Y Y 02 / 28 / 2026
Mailing Address 4171 Lobo Ln		FEC Identification Number
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Campaign Work	001	
Candidate Name Marter for Congress	Category/ Type	
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) ▼	
State: IL District: 14	Amount of Each Disbursement this Period 2000.00	
		Transaction ID : SB17.11656
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2261.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 03 / 24 / 2026

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 227.00

Transaction ID : SB17.11684

Memo Item

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 03 / 02 / 2026

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 607.54

Transaction ID : SB17.11658

Memo Item

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 03 / 31 / 2026

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 13.81

Transaction ID : SB17.11689

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 848.35

**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 16 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fritz, Gretchen, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2026
Mailing Address 23901 W Norman Ave		FEC Identification Number C 00657361
City Plainfield	State IL	Zip Code 60544
Purpose of Disbursement Campaign Work	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 189.00	
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) ▼	
State: IL District: 14	Transaction ID : SB17.11657 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Fritz, Gretchen, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026
Mailing Address 23901 W Norman Ave		FEC Identification Number C 00657361
City Plainfield	State IL	Zip Code 60544
Purpose of Disbursement Campaign Work	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 198.00	
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) ▼	
State: IL District: 14	Transaction ID : SB17.11666 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Hurst &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2026
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Consulting	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 7334.80	
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) ▼	
State: IL District: 14	Transaction ID : SB17.11654 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7721.80
<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 17 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

**A. Hurst & Associates, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 03 / 04 / 2026

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 1.50

Transaction ID : SB17.11659

Memo Item

**B. Hurst & Associates, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 03 / 23 / 2026

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 2000.00

Transaction ID : SB17.11683

Memo Item

**C. Hurst & Associates, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 03 / 26 / 2026

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 63.75

Transaction ID : SB17.11687

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2065.25

**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 18 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hurst &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2026
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Digital Marketing	Category/Type 004	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 153.75	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11688
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Kendall-Grundy Beef Association</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2026
Mailing Address 4000 N Division St		FEC Identification Number C 00657361
City Morris	State IL	Zip Code 60450
Purpose of Disbursement Dinner & Sponsorship	Category/Type 004	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 1200.00	
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 : SB17.11662
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Microsoft</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026
Mailing Address One Microsoft Way		FEC Identification Number C 00657361
City Redmond	State WA	Zip Code 98053
Purpose of Disbursement Online Services	Category/Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 47.74	
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 : SB17.11671
State: IL District: 14	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1401.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Premier Mailing</b>		M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 37 Stone Hill Unit D		FEC Identification Number
City Oswego	State IL	Zip Code 60543
Purpose of Disbursement Postcard Mailer	006	
Candidate Name Marter for Congress	Category/ Type	
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) ▼	
State: IL District: 14	Amount of Each Disbursement this Period 9165.92	
Transaction ID : SB17.11655		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Premier Mailing</b>		M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 37 Stone Hill Unit D		FEC Identification Number
City Oswego	State IL	Zip Code 60543
Purpose of Disbursement Postcard mailer	006	
Candidate Name Marter for Congress	Category/ Type	
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) ▼	
State: IL District: 14	Amount of Each Disbursement this Period 8714.80	
Transaction ID : SB17.11665		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Sam's Club</b>		M M / D D / Y Y Y Y 03 / 16 / 2026
Mailing Address 1050 Ogden Ave		FEC Identification Number
City Montgomery	State IL	Zip Code 60538
Purpose of Disbursement Parade Items	007	
Candidate Name Marter for Congress	Category/ Type	
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) ▼	
State: IL District: 14	Amount of Each Disbursement this Period 302.76	
Transaction ID : SB17.11675		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18183.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Marter for Congress**

Full Name (Last, First, Middle Initial) <b>A. TFG LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2026
Mailing Address 94 Medway St Unit GL		FEC Identification Number C 00657361
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consulting	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 887.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11679
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2026
Mailing Address 601 E Countryside Pkwy		FEC Identification Number C 00657361
City Yorkville	State IL	Zip Code 60560
Purpose of Disbursement Stamps	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 390.00	
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 : SB17.11661
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Weber, Steve, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2026
Mailing Address 600 E Lincoln Hwy Ste C		FEC Identification Number C 00657361
City New Lenox	State IL	Zip Code 60451
Purpose of Disbursement Accounting	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 450.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11681
State: IL District: 14	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1727.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34209.10

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6609**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Been Verified			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
307 5th Ave			<input type="checkbox"/> Other (specify) ▼
16th Floor			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
New York	NY	10016	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	07 / 09 / 2021	na	0.00	

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).....▶	26.89
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6611**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Been Verified			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
307 5th Ave			<input type="checkbox"/> Other (specify) ▼
16th Floor			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
New York	NY	10016	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 09 / 2021	na	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).....▶	26.89
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.7271**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Keap			<input checked="" type="checkbox"/> Primary
Mailing Address 1260 S. Spectrum Blvd			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Chandler	State AZ	ZIP Code 85286	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 31 / 2022	n/a	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.6189  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 31.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 31.00
----------------------------------	------------------------------------	--

<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 06 / 04 / 2021	Date Due M M / D D / Y Y Y Y n/a	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="31.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input style="width: 100%;" type="text"/>

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/10.6176**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 09 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	26.89
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6190**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 22 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	50.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6191**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 11.29	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11.29
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	11.29
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6607**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 01 / 2021	M M / D D / Y Y Y Y na	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6608**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
120.45	0.00	120.45

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 08 / 2021	na	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).....▶	120.45
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6610**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 31 / 2021	na	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6612**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 31 / 2021	M M / D D / Y Y Y Y na	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6606**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 08 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	[ ] 25.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6613**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26.89	0.00	26.89

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 09 / 2021	M M / D D / Y Y Y Y na	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).....▶	26.89
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.6614  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 30 / 2021	M M / D D / Y Y Y Y na	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: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="549.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input style="width: 150px;" type="text"/>

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/10.6687**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 104.84	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 104.84
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 12 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	104.84
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6698**  
**Marter for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
<b>Marter, James, Thomas, ,</b>		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 207.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 207.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 21 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	[ ] 207.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.6707**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Marter, James, Thomas, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
233 Fox Chase Drive North			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Oswego	IL	60543	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
240.00	0.00	240.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	11 / 11 / 2021	n/a	0.00	

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).....▶	240.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6711**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 251.35	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 251.35
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 11 / 2021	MM / DD / YYYY n/a	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).....▶	[ ] 251.35
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6686**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 73.85	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 73.85
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 30 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	73.85
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6701**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 549.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 549.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2021	M M / D D / Y Y Y Y / / 0.00	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).....▶	[ ] 549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.6699  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 97.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 97.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 05 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	[ ] 97.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6706**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 10 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	150.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6702**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2021	M M / D D / Y Y Y Y n/a	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7200**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 18.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 08 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	18.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7270**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 01 / 2022	n/a	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7263**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
875.16	0.00	875.16

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 21 / 2022	n/a	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).....▶	875.16
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7275

Marter for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2022

Primary  
 General  
 Other (specify) ▼

Marter, James, Thomas, ,

Mailing Address

233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

Personal Funds of the Candidate

Original Amount of Loan

4321.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4321.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

03

22

2022

n/a

0.00 % (apr)

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

4321.00

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/10.7268**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 9.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9.00
---------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 24 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	9.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7276**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
752.52	0.00	752.52

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 27 / 2022	M M / D D / Y Y Y Y n/a	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	752.52
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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/10.7159**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 7500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7500.00
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	7500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7280**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.7281**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 417.85	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 417.85
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	417.85
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7445**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 549.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 549.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 30 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	[ ] 549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.7446**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Marter, James, Thomas, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
233 Fox Chase Drive North			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Oswego	IL	60543	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
324.52	0.00	324.52

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	04 / 30 / 2022	n/a	0.00	

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).....▶	324.52
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.7480**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Marter, James, Thomas, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
233 Fox Chase Drive North			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Oswego	IL	60543	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37.00	0.00	37.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 07 / 2022	n/a	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).....▶	37.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7598**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 9345.38	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9345.38
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	[ ] 9345.38
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7622**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 15 / 2022	M M / D D / Y Y Y Y n/a	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).....▶	[ ] 250.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.11298**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 47.74	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 47.74
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 10 / 2025	M M / D D / Y Y Y Y na	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).....▶	47.74
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.11299  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Marter, James, Thomas, ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 233 Fox Chase Drive North		
City Oswego	State IL	ZIP Code 60543
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
47.74	0.00	47.74

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 10 / 2025	M M / D D / Y Y Y Y na	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="47.74"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input type="text"/>

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/10.11300**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Oswego	State IL	ZIP Code 60543
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 47.74	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 47.74
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 10 / 2025	M M / D D / Y Y Y Y na	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).....▶	47.74
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.11564**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 47.74	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 47.74
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 10 / 2026	M M / D D / Y Y Y Y na	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).....▶	47.74
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.11565**  
 Marter for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Marter, James, Thomas, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 233 Fox Chase Drive North		<input type="checkbox"/> General
City Oswego		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60543	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 47.74	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 47.74
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 10 / 2026	M M / D D / Y Y Y Y na	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).....▶	47.74
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.6700**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Marter for Congress			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
233 Fox Chase Drive North			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Oswego	IL	60543	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.00	0.00	549.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 31 / 2021	n/a	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).....▶	549.00
<b>TOTALS</b> This Period (last page in this line only).....▶	31597.47

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