

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Don Tracy For Illinois NFP

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<input type="text" value="53291.29"/>	<input type="text" value="53291.29"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="53291.29"/>	<input type="text" value="53291.29"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="8970.24"/>	<input type="text" value="8970.24"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="8970.24"/>	<input type="text" value="8970.24"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="2052251.66"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="2000000.00"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Don Tracy For Illinois NFP

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49025.58	49025.58
(ii) Unitemized.....	4265.71	4265.71
(iii) TOTAL of contributions from individuals ▶	53291.29	53291.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	53291.29	53291.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	4205.00	4205.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2000000.00	2000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000000.00	2000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	4725.61	4725.61
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2062221.90	2062221.90

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.....	8970.24	8970.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	1000.00	1000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9970.24	9970.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2062221.90
25. SUBTOTAL (add Line 23 and Line 24).....	2062221.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9970.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2052251.66

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 36
(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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Aiello, Michael, , ,

Mailing Address 1412 Woods Farm Ln

City Springfield State IL Zip Code 62704

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
09 / 30 / 2025

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address 1712 Josephine Place

City Springfield State IL Zip Code 62704

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
09 / 30 / 2025

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address 17 Fairview Lane

City Springfield State IL Zip Code 62711

FEC ID number of contributing federal political committee.

Name of Employer B&B Electric Occupation President

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11AI.4168

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: (check only one)		PAGE 6 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) Capestrain, Ray, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2025	
Mailing Address 1290 Churchill Rd			Transaction ID : SA11AI.4104	
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item WinRed Contribution	
Name of Employer Retired		Occupation Retired		
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) Capestrain, Ray, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2025	
Mailing Address 1290 Churchill Rd			Transaction ID : SA11AI.4131	
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item WinRed Contribution	
Name of Employer Retired		Occupation Retired		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) Cozzens, Susan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2025	
Mailing Address 41 Forest Ridge			Transaction ID : SA11AI.4160	
City Springfield	State IL	Zip Code 62712	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item WinRed Contribution	
Name of Employer Retired		Occupation Retired		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	10000.00
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 7 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Crumly, David, , ,

Mailing Address 228 N Amos

City Springfield	State IL	Zip Code 62702
---------------------	-------------	-------------------

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

Name of Employer Troxell Financial	Occupation Employee
---------------------------------------	------------------------

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
09 / 30 / 2025

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

Mailing Address 21 Drawbridge Rd

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer Evergreen Wealth	Occupation President
--------------------------------------	-------------------------

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
09 / 30 / 2025

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 1601 Woodmore

City Springfield	State IL	Zip Code 62711
---------------------	-------------	-------------------

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

Name of Employer Troxell Financial	Occupation Wealth Advisor
---------------------------------------	------------------------------

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
09 / 30 / 2025

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period
3500.00

Memo Item
In-kind - Saputo's Event Tab

SUBTOTAL of Receipts This Page (optional)..... ▶	4750.00
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 8 OF 36
(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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Giannone, Leonard, , ,

Mailing Address 39 Forest Ridge

City Springfield State IL Zip Code 62712

FEC ID number of contributing federal political committee. C

Name of Employer Springfield Clinic Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 21 / 2025

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
1041.02

Memo Item
WinRed Contribution

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

Mailing Address 1616 Cressa Ct

City Springfield State IL Zip Code 62704

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
09 / 30 / 2025

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
300.00

Memo Item
Contribution

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

Mailing Address 446 Meadowbrook Rd

City Springfield State IL Zip Code 62711

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation CxA

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
09 / 14 / 2025

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
1000.00

Memo Item
WinRed Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2341.02

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 36
(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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Hurley, Mark, , ,

Mailing Address 9 Williamsburg Rd

City Sherman State IL Zip Code 62684

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 312.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2025

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
312.30

Memo Item
WinRed Contribution

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

Mailing Address 424 Potomac Ln

City Elk Grove Village State IL Zip Code 60007

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 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2025

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
1500.00

Memo Item
Contribution

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

Mailing Address 4921 Quail Chase Circle

City Springfield State IL Zip Code 62711

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
09 / 30 / 2025

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 2062.30

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 10 OF 36	
	<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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Lawrence, Richard, , ,

Mailing Address 1404 Coralberry Ct

City Springfield	State IL	Zip Code 62712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Siciliano Inc.	Occupation Contractor
------------------------------------	--------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period

Memo Item
WinRed Contribution

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

Mailing Address 2401 West Monroe

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer LRS	Occupation Owner
-------------------------	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 1421 East Lake Shore Dr

City Springfield	State IL	Zip Code 62712
---------------------	-------------	-------------------

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
 / /

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

Memo Item
WinRed Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="3124.60"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="3124.60"/>

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 36
(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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Morton, Scott, , ,

Mailing Address 6393 Old Salem Ln

City Springfield State IL Zip Code 62711

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 312.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2025

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period
312.30

Memo Item
WinRed Contribution

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

Mailing Address 2105 West Laurel St

City Springfield State IL Zip Code 62704

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 520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
520.51

Memo Item
WinRed Contribution

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

Mailing Address 2105 West Laurel St

City Springfield State IL Zip Code 62704

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 1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
520.51

Memo Item
WinRed Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1353.32

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 36	
	<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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Norris, Scott, , ,

Mailing Address 214 South Grand Ave

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer Evergreen Wealth	Occupation Advisor
--------------------------------------	-----------------------

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
09 / 30 / 2025

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
O'Shea, Michael, , ,

Mailing Address 2306 West Lake Shore Drive

City Springfield	State IL	Zip Code 62712
---------------------	-------------	-------------------

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

Name of Employer O'Shea Builders	Occupation Contractor
-------------------------------------	--------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2025

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
1041.02

Memo Item
WinRed Contribution

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

Mailing Address 6009 Old Salem Lane

City Springfield	State IL	Zip Code 62711
---------------------	-------------	-------------------

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

Name of Employer JRE	Occupation Owner
-------------------------	---------------------

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
09 / 24 / 2025

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
300.00

Memo Item
WinRed Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	1591.02
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 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Podlasek, Bob, , ,

Mailing Address 2512 Churchill Rd

City Springfield	State IL	Zip Code 62702
---------------------	-------------	-------------------

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
09 / 23 / 2025

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

300.00

Memo Item
WinRed Contribution

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

Mailing Address 2512 Churchill

City Springfield	State IL	Zip Code 62702
---------------------	-------------	-------------------

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

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

500.00

Memo Item
Contribution

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

Mailing Address 8 Bristol Rd

City Northfield	State IL	Zip Code 60093
--------------------	-------------	-------------------

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 ▼
3643.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2025

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

3500.00

Memo Item
WinRed Contributions

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

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

4300.00

**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 14 OF 36	
	<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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Reich, Lee, , ,

Mailing Address 1139 650 N Ave

City Mount Sterling	State IL	Zip Code 62353
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

Memo Item
WinRed Contribution

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

Mailing Address 1139 650 N Ave

City Mount Sterling	State IL	Zip Code 62353
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

Memo Item
WinRed Contribution

C. Full Name (Last, First, Middle Initial)
Schaefer, Donald, , , Jr.

Mailing Address 3717 Tyler Ct

City Springfield	State IL	Zip Code 62711
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Mid-West Truckers	Occupation CEI
---------------------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1450.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="1450.00"/>

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 15 OF 36	
	<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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Sowle, Todd, , ,

Mailing Address 2036 Greenbrair Rd

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer Truxell	Occupation CEO
-----------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

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

Mailing Address P.O. Box 7510

City Springfield	State IL	Zip Code 62791
---------------------	-------------	-------------------

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

Name of Employer Agridyne	Occupation President
------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
2000.00

Memo Item
Contribution

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

Mailing Address 1429 EAST LAKE SHORE DRIVE

City SPRINGFIELD	State IL	Zip Code 62712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** S6IL00615

Name of Employer Brown, Hay & Stephens	Occupation Attorney
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2025

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
100.00

Memo Item
Initial Deposit to Open Bank

SUBTOTAL of Receipts This Page (optional)..... ▶	2600.00
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 16 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Tracy, Jil, , ,

Mailing Address 1628 Fieldstone Dr

City Quincy	State IL	Zip Code 62305
----------------	-------------	-------------------

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

Name of Employer State of IL	Occupation Lawyer
---------------------------------	----------------------

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
 09 / 30 / 2025

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
3500.00

Memo Item Contribution

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

Mailing Address 1628 Fieldstone Dr

City Quincy	State IL	Zip Code 62305
----------------	-------------	-------------------

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

Name of Employer State of IL	Occupation Lawyer
---------------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
3500.00

Memo Item Contribution

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

Mailing Address 3800 Vanderbilt Circle

City Springfield	State IL	Zip Code 62711
---------------------	-------------	-------------------

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

Name of Employer OCI	Occupation Physician
-------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2025

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
1041.02

Memo Item WinRed Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	8041.02
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 17 OF 36	
	<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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
VanMeter, Andy, , ,

Mailing Address 6 Fair Oaks St

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer Design Ideas	Occupation President
----------------------------------	-------------------------

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
09 / 30 / 2025

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period
3500.00

Memo Item Contribution

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

Mailing Address 1501 E Lake Shore Dr

City Springfield	State IL	Zip Code 62712
---------------------	-------------	-------------------

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

Name of Employer Brandt	Occupation North Regional Manager
----------------------------	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
312.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2025

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
312.30

Memo Item WinRed Contribution

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

Mailing Address 88 Island Bay Lane

City Springfield	State IL	Zip Code 62712
---------------------	-------------	-------------------

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
09 / 15 / 2025

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	4812.30
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 18 OF 36
(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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Wilson, Becky, , ,

Mailing Address 1603 Beaver Lake Drive

City Mahomet State IL Zip Code 61853

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Realtor

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
09 / 30 / 2025

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
300.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

300.00

49025.58

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 19 OF 36	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Bunn, Robert, , ,

Mailing Address 1621 S. Wiggins Ave

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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
 / /

Transaction ID : SA12.4239

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 2241 Greenside Dr

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Saputo's Restaurant	Occupation Owner
---	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.4250

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 10741 Moses Manor Dr

City Benton	State IL	Zip Code 62812
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer The Drew Law Group	Occupation Attorney
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.4244

Amount of Each Receipt this Period

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="3025.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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 20 OF 36
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)
Don Tracy For Illinois NFP

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

Mailing Address 161 Pinehurst Dr

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RD Lawrence Const Co	Occupation Project Manager
--	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.4242

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 91 Laconwood

City Springfield	State IL	Zip Code 62712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.4235

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 25764 Timber Dr

City Warrenville	State IL	Zip Code 60585
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer OCC	Occupation Auditor
-------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA12.4246

Amount of Each Receipt this Period

Memo Item
Cash Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="305.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="305.00"/>

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 21 OF 36	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
O'Dea, Kevin, , ,

Mailing Address 2305 Silver Stone Ct

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer Woodward Media	Occupation Manager
------------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : SA12.4237

Amount of Each Receipt this Period
150.00

Memo Item
Contribution

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

Mailing Address 4016 N. Harmon Ave

City Peoria	State IL	Zip Code 61614
----------------	-------------	-------------------

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

Name of Employer Invictus Woods Sober Living	Occupation Employee
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : SA12.4248

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Sangamon County Republican Central Committee

Mailing Address 1132 Sangamon Ave

City Springfield	State IL	Zip Code 62702
---------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : SA12.4233

Amount of Each Receipt this Period
150.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	800.00
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 22 OF 36	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Smith, April, Elaine, ,

Mailing Address 2005 West Lawrence
Apt 10

City Springfield State IL Zip Code 62704

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 ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA12.4241

Amount of Each Receipt this Period
75.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	4205.00

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 23 OF 36	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
TRACY, DON, , ,

Mailing Address 1429 EAST LAKE SHORE DRIVE

City SPRINGFIELD	State IL	Zip Code 62712
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** S6IL00615

Name of Employer Brown, Hay & Stephens	Occupation Attorney
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 27 / 2025

Transaction ID : SA13A.4101

Amount of Each Receipt this Period
2000000.00

Memo Item
Loan from Don

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000000.00
TOTAL This Period (last page this line number only).....▶	2000000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 36
(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)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
INB N.A.
Mailing Address 322 E Capitol Avenue
City Springfield State IL Zip Code 62701
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025
Transaction ID : SA15.4294
Amount of Each Receipt this Period
4725.61
 Memo Item
Interest Income

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4725.61
TOTAL This Period (last page this line number only).....▶	4725.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Crumly, Kevin, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2025
Mailing Address 1601 Woodmore		FEC Identification Number C C00917120
City Springfield	State IL	Zip Code 62711
Purpose of Disbursement In-kind - Saputo's Event Tab		007
Candidate Name Don Tracy For Illinois NFP		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3500.00
State: IL District:		Transaction ID : SB17.4298 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Curtin, David, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2025
Mailing Address P.O. Box 9733		FEC Identification Number C C00917120
City Springfield	State IL	Zip Code 62791
Purpose of Disbursement Campaign Consulting		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2000.00
State: IL District:		Transaction ID : SB17.4254 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Curtin, David, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025
Mailing Address P.O. Box 9733		FEC Identification Number C C00917120
City Springfield	State IL	Zip Code 62791
Purpose of Disbursement Campaign Consulting		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2000.00
State: IL District:		Transaction ID : SB17.4255 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Lekas Accounting, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2025
Mailing Address 10020 E Tanglewood Ct		FEC Identification Number C C00917120
City Palos Park	State IL	Zip Code 60464
Purpose of Disbursement Compliance	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input checked="" 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:	Transaction ID : SB17.4252 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 39.40
Office Sought: <input type="checkbox"/> House <input checked="" 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:	Transaction ID : SB17.4265 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 2.96
Office Sought: <input type="checkbox"/> House <input checked="" 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:	Transaction ID : SB17.4266 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	542.36
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6.15
State: IL District:		Transaction ID : SB17.4267 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2.96
State: IL District:		Transaction ID : SB17.4269 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5.91
State: IL District:		Transaction ID : SB17.4270 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 09 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 39.40
Office Sought: <input type="checkbox"/> House <input checked="" 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 : SB17.4271 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 09 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 5.91
Office Sought: <input type="checkbox"/> House <input checked="" 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 : SB17.4272 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 09 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 275.80
Office Sought: <input type="checkbox"/> House <input checked="" 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 : SB17.4273 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	321.11
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 09 / 17 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 20.51
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4274
State: IL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 09 / 17 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 20.51
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4275
State: IL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 09 / 21 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 41.02
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4276
State: IL District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	82.04
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 12.30
Office Sought: <input type="checkbox"/> House <input checked="" 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 : SB17.4277
State: IL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 5.91
Office Sought: <input type="checkbox"/> House <input checked="" 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 : SB17.4278
State: IL District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 5.91
Office Sought: <input type="checkbox"/> House <input checked="" 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 : SB17.4279
State: IL District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	24.12
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 09 / 22 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 41.02
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4280 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 09 / 22 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 12.30
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4281 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 09 / 23 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 12.30
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4282 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	65.62
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement MM / DD / YYYY 09 / 23 / 2025	
Mailing Address 4250 Fairfax Dr Suite 600			FEC Identification Number C C00917120	
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 11.82	
Purpose of Disbursement Payment Processing Fees		Category/ Type 001	Transaction ID : SB17.4283	
Candidate Name Don Tracy For Illinois NFP		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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:			

Full Name (Last, First, Middle Initial) B. WinRed			Date of Disbursement MM / DD / YYYY 09 / 23 / 2025	
Mailing Address 4250 Fairfax Dr Suite 600			FEC Identification Number C C00917120	
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 12.30	
Purpose of Disbursement Payment Processing Fees		Category/ Type 001	Transaction ID : SB17.4284	
Candidate Name Don Tracy For Illinois NFP		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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:			

Full Name (Last, First, Middle Initial) C. WinRed			Date of Disbursement MM / DD / YYYY 09 / 23 / 2025	
Mailing Address 4250 Fairfax Dr Suite 600			FEC Identification Number C C00917120	
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 12.30	
Purpose of Disbursement Payment Processing Fees		Category/ Type 001	Transaction ID : SB17.4285	
Candidate Name Don Tracy For Illinois NFP		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	36.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 36	
	<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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 09 / 24 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 11.82
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4286 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 09 / 24 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 6.15
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4287 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 09 / 24 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Payment Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 6.15
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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 : SB17.4288 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	24.12
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 34 OF 36			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025		
Mailing Address 4250 Fairfax Dr Suite 600			FEC Identification Number C C00917120		
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 118.20		
Purpose of Disbursement Payment Processing Fees		Category/ Type 001	Transaction ID : SB17.4289		
Candidate Name Don Tracy For Illinois NFP		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input checked="" 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:				

Full Name (Last, First, Middle Initial) B. WinRed			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025		
Mailing Address 4250 Fairfax Dr Suite 600			FEC Identification Number C C00917120		
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 6.15		
Purpose of Disbursement Payment Processing Fees		Category/ Type 001	Transaction ID : SB17.4290		
Candidate Name Don Tracy For Illinois NFP		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input checked="" 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:				

Full Name (Last, First, Middle Initial) C. WinRed			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025		
Mailing Address 4250 Fairfax Dr Suite 600			FEC Identification Number C C00917120		
City Arlington	State VA	Zip Code 22203	Amount of Each Disbursement this Period 41.02		
Purpose of Disbursement Payment Processing Fees		Category/ Type 001	Transaction ID : SB17.4291		
Candidate Name Don Tracy For Illinois NFP		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input checked="" 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:				

SUBTOTAL of Disbursements This Page (optional).....	▶	165.37
TOTAL This Period (last page this line number only).....	▶	8776.18

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
20a 20b 20c 21

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)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial)
A. Ogle County GOP

Mailing Address 6680 S Anterior Rd

City Dixon State IL Zip Code 61021

Purpose of Disbursement Event Sponsorship Category/Type

Candidate Name Don Tracy For Illinois NFP

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

State: IL District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 02 / 2025

FEC Identification Number
C C00917120

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB18.4292

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Don Tracy For Illinois NFP** Transaction ID : **SC/10.4101**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
TRACY, DON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1429 EAST LAKE SHORE DRIVE		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City SPRINGFIELD	State IL	ZIP Code 62712
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 2000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000000.00
---------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 27 / 2025	11/04/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2000000.00
TOTALS This Period (last page in this line only).....▶	2000000.00

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