

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: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	69146.64	122437.93
(b) Total Contribution Refunds (from Line 20(d))	520.51	520.51
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	68626.13	121917.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	107632.11	116602.35
(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))	107632.11	116602.35
8. Cash on Hand at Close of Reporting Period (from Line 27)	2027808.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	62001.65	111027.23
(ii) Unitemized.....	6994.99	11260.70
(iii) TOTAL of contributions from individuals ▶	68996.64	122287.93
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	150.00	150.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	69146.64	122437.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	4205.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	14562.74	19288.35
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	83709.38	2145931.28

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.....	107632.11	116602.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	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	520.51	520.51
(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)).....	520.51	520.51
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	108152.62	118122.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2052251.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	83709.38
25. SUBTOTAL (add Line 23 and Line 24).....	2135961.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108152.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2027808.42

**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 5 OF 68	
	<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)
Beck, John, , ,

Mailing Address 30 Wienold Lane

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

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

Name of Employer Prairie Telecom Services	Occupation President
--	-------------------------

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
11 / 13 / 2025

Transaction ID : SA11AI.4586

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1001 S 6th St

City Springfield	State IL	Zip Code 62703
---------------------	-------------	-------------------

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 ▼
208.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2025

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period
104.10

Memo Item

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

Mailing Address 1804 Jersey St

City Quincy	State IL	Zip Code 62301
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FEC ID number of contributing federal political committee. **C**

Name of Employer GRSM	Occupation Attorney
--------------------------	------------------------

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
12 / 19 / 2025

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
520.51

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1124.61
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Bruner, James, , ,

Mailing Address 140 Riviera Dunes Way - 1501

City Palmetto	State FL	Zip Code 34221
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer United Contractors Midwest Inc	Occupation Director
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 /

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 326 Butler Lane

City Chatham	State IL	Zip Code 62629
-----------------	-------------	-------------------

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.4341

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 540 N Dearborn St

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

FEC ID number of contributing federal political committee.

Name of Employer One Nation Under God	Occupation Executive Director
--	----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 /

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4812.30"/>
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 7 OF 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
DeWitte, Senator Don, , ,

Mailing Address 230 Sedgewick Circle

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

Name of Employer State Representative	Occupation State Senator
--	-----------------------------

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
10 / 05 / 2025

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period
520.51

Memo Item

B. Full Name (Last, First, Middle Initial)
DeWitte, Senator Don, , ,

Mailing Address 230 Sedgewick Circle

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

Name of Employer State Representative	Occupation State Senator
--	-----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1561.53

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
1041.02

Memo Item

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

Mailing Address 5716 Silverside Pine Ct

City Brandenton	State FL	Zip Code 34211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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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
10 / 05 / 2025

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
1041.02

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2602.55
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 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

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

Mailing Address 3005 Highway T

City Marthasville State MO Zip Code 63357

FEC ID number of contributing federal political committee. C

Name of Employer DOT Foods Occupation Vice President of Sales

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2215 Christopher Dr

City Galesburg State IL Zip Code 61401

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
11 / 13 / 2025

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4546 Mistletoe Lane

City Longboat Key State FL Zip Code 34228

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
11 / 07 / 2025

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period
1041.02

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1791.02

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 9 OF 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Galassi, Nicholas, , ,

Mailing Address 610 W Hickory St

City Hinsdale	State IL	Zip Code 60521
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FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage	Occupation Board Member
----------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt

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

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
1041.02

Memo Item

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

Mailing Address 285 S Beach Rd

City Jupiter Island	State FL	Zip Code 33455
------------------------	-------------	-------------------

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

Name of Employer Riverbend Industries	Occupation Executive Chairman
--	----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2025

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 285 S Beach Rd

City Jupiter Island	State FL	Zip Code 33455
------------------------	-------------	-------------------

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

Name of Employer Riverbend Industries	Occupation Executive Chairman
--	----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3643.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2025

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
143.56

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4684.58
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 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Gidwitz, Ronald, , ,

Mailing Address 285 S Beach Rd

City: Jupiter Island State: FL Zip Code: 33455

FEC ID number of contributing federal political committee: C

Name of Employer: Riverbend Industries Occupation: Executive Chairman

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 7000.00

Date of Receipt: 11 / 25 / 2025

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period: 3356.44

Memo Item

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

Mailing Address 600 W Jackson

City: Chicago State: IL Zip Code: 60661

FEC ID number of contributing federal political committee: C

Name of Employer: Peak Labs LLC Occupation: CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 260.25

Date of Receipt: 11 / 11 / 2025

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period: 260.25

Memo Item

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

Mailing Address P.O. Box 237

City: Hillsboro State: IL Zip Code: 62049

FEC ID number of contributing federal political committee: C

Name of Employer: Hayes Abrasives Inc Occupation: Principal

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 17 / 2025

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4116.69

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 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Herron, Don, , ,

Mailing Address 6435 Wesley Chapel Rd

City Chatham State IL Zip Code 62629

FEC ID number of contributing federal political committee.

Name of Employer Cajun Law Care Occupation Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2025

Transaction ID : SA11AI.4582

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1135 Indian Trail Rd

City Hinsdale State IL Zip Code 60521

FEC ID number of contributing federal political committee.

Name of Employer Lapham-Hickey Steel Corp Occupation Chairman

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2025

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 712 Lathrop Ave

City River Forest State IL Zip Code 60305

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Realtor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2025

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period

Memo Item

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 12 OF 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

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

Mailing Address 340 795E St

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

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

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

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
260.25

Memo Item

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

Mailing Address 70 W Madison St, Ste 2200

City Chicago	State IL	Zip Code 60602
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FEC ID number of contributing federal political committee. **C**

Name of Employer Residco	Occupation Founder Chairman
-----------------------------	--------------------------------

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
12 / 10 / 2025

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 70 W Madison St, Ste 2200

City Chicago	State IL	Zip Code 60602
-----------------	-------------	-------------------

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

Name of Employer Residco	Occupation Founder Chairman
-----------------------------	--------------------------------

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
12 / 10 / 2025

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7260.25
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

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

Mailing Address 1500 North Lake Shore Drive

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

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

Name of Employer Owl Creek Partners	Occupation Executive
--	-------------------------

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
11 / 17 / 2025

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 6 East Scott Street

City Chicago	State IL	Zip Code 60610
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln International	Occupation Entrepreneur
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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
12 / 20 / 2025

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 24W241 Kammes Dr

City Naperville	State IL	Zip Code 60540
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2025

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
260.25

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7260.25
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Malooof, Daniel, , ,

Mailing Address 2411 W Cornerstone Ct

City Peoria	State IL	Zip Code 61614
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FEC ID number of contributing federal political committee.

Name of Employer Malooof Commercial Real Estate	Occupation Owner
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 208 Grindstone Rd

City Chatham	State IL	Zip Code 62629
-----------------	-------------	-------------------

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.4318

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 14 John Dr

City Hawthorn Woods	State IL	Zip Code 60047
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Accessibility Policy Institute	Occupation CEO
--	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1072.55"/>
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: PAGE 15 OF 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Middendorf, Josh, , ,

Mailing Address 12839 Daylight Dr, Apt 211

City St. Louis State MO Zip Code 63131

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
12 / 03 / 2025

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2809 Piper Rd

City Springfield State IL Zip Code 62707

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
11 / 13 / 2025

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 14 Dukes Lane

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Self Occupation Consultant

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
11 / 10 / 2025

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
520.51

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 870.51

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 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Murphy, Judy, , ,

Mailing Address 2305 Connie Dr

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 ▼
 _____ 312.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2025

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
 _____ 312.30

Memo Item

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

Mailing Address 3795 Sherman Rd

City Sherman	State IL	Zip Code 62684
-----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

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
 10 / 05 / 2025

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
 _____ 312.30

Memo Item

C. Full Name (Last, First, Middle Initial)
O'Brien, Lynn, , ,

Mailing Address 270 Sebbly Lane

City Lake Zurich	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer LOB Associates	Occupation Owner
------------------------------------	---------------------

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
 11 / 13 / 2025

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 1124.60
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 17 OF 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Ramage, Andrew, , ,

Mailing Address 3030 Hickory Hills Drive

City Springfield State IL Zip Code 62707

FEC ID number of contributing federal political committee. C

Name of Employer Brown Hay Stephens, LLP Occupation Attorney

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
11 / 25 / 2025

Transaction ID : SA11AI.4642

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 9200 Mercato Way

City Naples State FL Zip Code 34108

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
11 / 17 / 2025

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2001 N 8th St

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
10 / 22 / 2025

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00

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 18 OF 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

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

Mailing Address 100 E Main St

City Lake Zurich	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

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

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
10 / 30 / 2025

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
156.15

Memo Item

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

Mailing Address 6450 Prairie Ave

City Omaha	State NE	Zip Code 68132
---------------	-------------	-------------------

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

Name of Employer US Government	Occupation Senator
-----------------------------------	-----------------------

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
11 / 17 / 2025

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 6450 Prairie Ave

City Omaha	State NE	Zip Code 68132
---------------	-------------	-------------------

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

Name of Employer US Government	Occupation Senator
-----------------------------------	-----------------------

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
11 / 17 / 2025

Transaction ID : SA11AI.4629

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7156.15
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 19 OF 68	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

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

Mailing Address 1417 East Lake Shore Drive

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
10 / 05 / 2025

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3021 Newport Dr

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

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

Name of Employer Selvaggio Steel	Occupation Owner
-------------------------------------	---------------------

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
10 / 08 / 2025

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 4716 Rigging Dr

City Fernandina Beach	State FL	Zip Code 32034
--------------------------	-------------	-------------------

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
11 / 01 / 2025

Transaction ID : SA11AI.4450

Amount of Each Receipt this Period
520.51

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3520.51
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 20 OF 68
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Solomon, Gina, , ,

Mailing Address 14 The Elms

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

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

Name of Employer Solomon Colors	Occupation Executive
------------------------------------	-------------------------

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
 10 / 05 / 2025

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period
312.30

Memo Item

B. 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 ▼
708.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2025

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
208.20

Memo Item

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

Mailing Address 655 Bougainvillea Rd

City Napels	State FL	Zip Code 34102
----------------	-------------	-------------------

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

Name of Employer Stark Excavating Inc	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
 12 / 11 / 2025

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4020.50
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

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

Mailing Address 655 Bougainvillea Rd

City Napels State FL Zip Code 34102

FEC ID number of contributing federal political committee.

Name of Employer Stark Excavating Inc 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
12 / 11 / 2025

Transaction ID : SA11AI.4681

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Steve Beckett Law Office LLC

Mailing Address 508 S Broadway Ave

City Urbana State IL Zip Code 61801

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
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 6201 Northampton Lane

City Springfield State IL Zip Code 62711

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Retired 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
10 / 05 / 2025

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period

Memo Item

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 22 OF 68	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Wichterman, Keith, , ,

Mailing Address 2117 Greenside Drive

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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2025

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

1000.00

Memo Item

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

Mailing Address 4309 Crayton Rd

City Naples	State FL	Zip Code 34104
----------------	-------------	-------------------

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

Name of Employer Murray Wise Associates	Occupation Owner
--	---------------------

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
11 / 17 / 2025

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period

1000.00

Memo Item

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

Mailing Address 1205 Brookstone Drive

City Carol Stream	State IL	Zip Code 60188
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FEC ID number of contributing federal political committee. **C**

Name of Employer Service Stampings	Occupation Executive
---------------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2025

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period

1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3000.00
TOTAL This Period (last page this line number only)..... ▶	62001.65

**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 68	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Full Name (Last, First, Middle Initial)
Citizens for Dan Ugaste

Mailing Address 399 Southampton Dr

City Geneva	State IL	Zip Code 60134
----------------	-------------	-------------------

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 : SA11C.4610

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Friends of Rob Russell

Mailing Address 15N182 Getzelman Rd

City Hampshire	State IL	Zip Code 60140
-------------------	-------------	-------------------

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 : SA11C.4608

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="150.00"/>

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 24 OF 68	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15

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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
 / /

Transaction ID : SA15.4446

Amount of Each Receipt this Period

Memo Item
Interest Income

B. 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
 / /

Transaction ID : SA15.4655

Amount of Each Receipt this Period

Memo Item
Interest Income

C. 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
 / /

Transaction ID : SA15.4713

Amount of Each Receipt this Period

Memo Item
Interest Income

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="14562.74"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="14562.74"/>

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 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Boone County Republican Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address P.O. Box 302			FEC Identification Number C C00917120	
City Belvidere	State IL	Zip Code 61008	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Event Sponsorship		Category/ Type 011	Transaction ID : SB17.4447	
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. Boone County Republican Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address P.O. Box 302			FEC Identification Number C C00917120	
City Belvidere	State IL	Zip Code 61008	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Event Sponsorship		Category/ Type 011	Transaction ID : SB17.4447	
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. Citizens for Jimmy Ford			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2025	
Mailing Address 1300 Ashton Falls Dr			FEC Identification Number C C00917120	
City O'Fallon	State IL	Zip Code 62269	Amount of Each Disbursement this Period 520.51	
Purpose of Disbursement Event Sponsorship		Category/ Type 011	Transaction ID : SB17.4638	
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).....▶	1520.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Cor Services

Full Name (Last, First, Middle Initial)

Mailing Address 1600 W Colonial Parkway

City Inverness State IL Zip Code 60067

Purpose of Disbursement Graphic Design Category/Type 006

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: 10 / 15 / 2025

FEC Identification Number: C C00917120

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.4407

Memo Item

B. Cor Services

Full Name (Last, First, Middle Initial)

Mailing Address 1600 W Colonial Parkway

City Inverness State IL Zip Code 60067

Purpose of Disbursement Website Category/Type 006

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: 10 / 15 / 2025

FEC Identification Number: C C00917120

Amount of Each Disbursement this Period: 243.14

Transaction ID : SB17.4409

Memo Item

C. Cor Services

Full Name (Last, First, Middle Initial)

Mailing Address 1600 W Colonial Parkway

City Inverness State IL Zip Code 60067

Purpose of Disbursement Mailings Category/Type 006

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: 10 / 15 / 2025

FEC Identification Number: C C00917120

Amount of Each Disbursement this Period: 3587.78

Transaction ID : SB17.4410

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4830.92

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 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Cor Services		M M / D D / Y Y Y Y 10 / 15 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Business Cards and Name Tags	006	
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 694.98
State: IL District:	Transaction ID : SB17.4411	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Cor Services		M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Graphic Design	006	
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 : SB17.4476	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Cor Services		M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Website Development	006	
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 1500.00
State: IL District:	Transaction ID : SB17.4477	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4194.98
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 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Cor Strategies, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025	
Mailing Address 1600 W Colonial Parkway			FEC Identification Number C C00917120	
City Inverness	State IL	Zip Code 60067	Amount of Each Disbursement this Period 28000.00	
Purpose of Disbursement Strategy Consulting		Category/ Type 001	Transaction ID : SB17.4394	
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. Cor Strategies, Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address 1600 W Colonial Parkway			FEC Identification Number C C00917120	
City Inverness	State IL	Zip Code 60067	Amount of Each Disbursement this Period 597.53	
Purpose of Disbursement Mileage		Category/ Type 002	Transaction ID : SB17.4478	
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. Cor Strategies, Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address 1600 W Colonial Parkway			FEC Identification Number C C00917120	
City Inverness	State IL	Zip Code 60067	Amount of Each Disbursement this Period 3.80	
Purpose of Disbursement Tolls		Category/ Type 002	Transaction ID : SB17.4479	
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).....▶	28601.33
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 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Cor Strategies, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number C C00917120
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Subscriptions	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 44.18
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:	Transaction ID : SB17.4480 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Cor Strategies, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number C C00917120
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Meals	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 100.00
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:	Transaction ID : SB17.4481 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Cor Strategies, Inc.		Date of Disbursement MM / DD / YYYY 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number C C00917120
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Event Ticket	Category/ Type 011	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 12.50
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:	Transaction ID : SB17.4482 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	156.68
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 68	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Cor Strategies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number C C00917120
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Name Badge Labels		006
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 8.23
State: IL District:		Transaction ID : SB17.4483 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Cor Strategies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number C C00917120
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Website		006
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 2.15
State: IL District:		Transaction ID : SB17.4484 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Cor Strategies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 1600 W Colonial Parkway		FEC Identification Number C C00917120
City Inverness	State IL	Zip Code 60067
Purpose of Disbursement Subscriptions		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 8.00
State: IL District:		Transaction ID : SB17.4485 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	18.38
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 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Curtin, David, , ,			Date of Disbursement MM / DD / YYYY 11 / 03 / 2025	
Mailing Address P.O. Box 9733			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62791	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	Transaction ID : SB17.4493	
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. Curtin, David, , ,			Date of Disbursement MM / DD / YYYY 11 / 28 / 2025	
Mailing Address P.O. Box 9733			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62791	Amount of Each Disbursement this Period 442.50	
Purpose of Disbursement Mileage		Category/ Type 002	Transaction ID : SB17.4650	
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. Hotels.com			Date of Disbursement MM / DD / YYYY 10 / 09 / 2025	
Mailing Address 1111 Expedia Group Way W			FEC Identification Number C C00917120	
City Seattle	State WA	Zip Code 98119	Amount of Each Disbursement this Period 676.15	
Purpose of Disbursement Hotel Rooms (6 rooms, 1 night)		Category/ Type 002	Transaction ID : SB17.4397	
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).....▶	3118.65
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial)
A. Illinois Family Institute

Mailing Address 18470 Thompson Ct, Ste 2a

City Tinley Park State IL Zip Code 60477

Purpose of Disbursement Event Sponsorship Category/Type

Candidate Name Don Tracy For Illinois NFP

Office Sought: House Senate President
 Other (specify) ▼

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : **SB17.4311**

Memo Item

Full Name (Last, First, Middle Initial)
B. Jed for Freedom

Mailing Address 1921 S Bridge St

City Yorkville State IL Zip Code 60560

Purpose of Disbursement Event Sponsorship Category/Type

Candidate Name Don Tracy For Illinois NFP

Office Sought: House Senate President
 Other (specify) ▼

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : **SB17.4634**

Memo Item

Full Name (Last, First, Middle Initial)
C. Law Office of John Fogarty

Mailing Address 4043 N Ravenswood Ave, #226

City Chicago State IL Zip Code 60613

Purpose of Disbursement Legal Fees Category/Type

Candidate Name Don Tracy For Illinois NFP

Office Sought: House Senate President
 Other (specify) ▼

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : **SB17.4398**

Memo Item

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

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 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
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 10 / 14 / 2025
Mailing Address 10020 E Tanglewood Ct		FEC Identification Number C C00917120
City Palos Park	State IL	Zip Code 60464
Purpose of Disbursement Compliance	001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 500.00
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:	Transaction ID : SB17.4406 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lekas Accounting, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 10020 E Tanglewood Ct		FEC Identification Number C C00917120
City Palos Park	State IL	Zip Code 60464
Purpose of Disbursement Compliance	001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 500.00
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:	Transaction ID : SB17.4473 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Maldaners Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025
Mailing Address 222 S 6th Street		FEC Identification Number C C00917120
City Springfield	State IL	Zip Code 62701
Purpose of Disbursement Meals	001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 898.62
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:	Transaction ID : SB17.4396 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1898.62
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 34 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

A. Murphy, Kathleen, , ,
Full Name (Last, First, Middle Initial)

Mailing Address 30W025 Laurel Ct

City Warrenville State IL Zip Code 60555

Purpose of Disbursement: Communications Director Category/Type: 001

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: 10 / 09 / 2025

FEC Identification Number: C C00917120

Amount of Each Disbursement this Period: 1666.67

Transaction ID : SB17.4386

Memo Item

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

Mailing Address 30W025 Laurel Ct

City Warrenville State IL Zip Code 60555

Purpose of Disbursement: Communications Director Category/Type: 001

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: 11 / 03 / 2025

FEC Identification Number: C C00917120

Amount of Each Disbursement this Period: 6250.00

Transaction ID : SB17.4489

Memo Item

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

Mailing Address 30W025 Laurel Ct

City Warrenville State IL Zip Code 60555

Purpose of Disbursement: Amtrak Category/Type: 002

Candidate Name: Don Tracy For Illinois NFP

Office Sought: House Senate President
Disbursement For: 2206 Primary General Other (specify) ▼

State: IL District:

Date of Disbursement: 11 / 03 / 2025

FEC Identification Number: C C00917120

Amount of Each Disbursement this Period: 86.00

Transaction ID : SB17.4490

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 8002.67

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 35 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial)
A. Murphy, Kathleen, , ,

Mailing Address 30W025 Laurel Ct

City Warrenville State IL Zip Code 60555

Purpose of Disbursement Communications Director Category/Type 001

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 11 / 28 / 2025

FEC Identification Number C C00917120

Amount of Each Disbursement this Period 6250.00

Transaction ID : SB17.4651

Memo Item

Full Name (Last, First, Middle Initial)
B. Northwest Suburban Republican Lincoln Day Dinner Comm

Mailing Address 408 Jason Ln

City Schaumburg State IL Zip Code 60173

Purpose of Disbursement Event Sponsorship Category/Type 011

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 10 / 01 / 2025

FEC Identification Number C C00917120

Amount of Each Disbursement this Period 2500.00

Transaction ID : SB17.4309

Memo Item

Full Name (Last, First, Middle Initial)
C. Northwest Suburban Republican Lincoln Day Dinner Comm

Mailing Address 408 Jason Ln

City Schaumburg State IL Zip Code 60173

Purpose of Disbursement Event Sponsorship Category/Type 011

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 10 / 17 / 2025

FEC Identification Number C C00917120

Amount of Each Disbursement this Period 1500.00

Transaction ID : SB17.4415

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10250.00

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 36 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Perkins, Andrew, , ,			Date of Disbursement MM / DD / YYYY 10 / 09 / 2025	
Mailing Address 2410 Simpson			FEC Identification Number C C00917120	
City Evanston	State IL	Zip Code 60201	Amount of Each Disbursement this Period 1600.00	
Purpose of Disbursement Deputy Campaign Manager		Category/ Type 001	Transaction ID : SB17.4388	
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. Perkins, Andrew, , ,			Date of Disbursement MM / DD / YYYY 11 / 03 / 2025	
Mailing Address 2410 Simpson			FEC Identification Number C C00917120	
City Evanston	State IL	Zip Code 60201	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement Deputy Campaign Manager		Category/ Type 001	Transaction ID : SB17.4486	
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. Perkins, Andrew, , ,			Date of Disbursement MM / DD / YYYY 11 / 28 / 2025	
Mailing Address 2410 Simpson			FEC Identification Number C C00917120	
City Evanston	State IL	Zip Code 60201	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement Deputy Campaign Manager		Category/ Type 001	Transaction ID : SB17.4646	
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).....▶	13600.00
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 37 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Perkins, Andrew, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025	
Mailing Address 2410 Simpson			FEC Identification Number C C00917120	
City Evanston	State IL	Zip Code 60201	Amount of Each Disbursement this Period 650.00	
Purpose of Disbursement Mailings - Paperless Post Usage		Category/ Type 006	Transaction ID : SB17.4647	
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. Stensland, Riley, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025	
Mailing Address 7681 Hawks Ridge Rd			FEC Identification Number C C00917120	
City Machesney Park	State IL	Zip Code 61115	Amount of Each Disbursement this Period 1466.67	
Purpose of Disbursement Volunteer Coordinator		Category/ Type 001	Transaction ID : SB17.4390	
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. Stensland, Riley, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address 7681 Hawks Ridge Rd			FEC Identification Number C C00917120	
City Machesney Park	State IL	Zip Code 61115	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement Volunteer Coordinator		Category/ Type 001	Transaction ID : SB17.4491	
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).....▶	7616.67
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 38 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Stensland, Riley, , ,			Date of Disbursement MM / DD / YYYY 11 / 03 / 2025	
Mailing Address 7681 Hawks Ridge Rd			FEC Identification Number C C00917120	
City Machesney Park	State IL	Zip Code 61115	Amount of Each Disbursement this Period 453.00	
Purpose of Disbursement Mileage		Category/ Type 002	Transaction ID : SB17.4492	
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. Stensland, Riley, , ,			Date of Disbursement MM / DD / YYYY 11 / 28 / 2025	
Mailing Address 7681 Hawks Ridge Rd			FEC Identification Number C C00917120	
City Machesney Park	State IL	Zip Code 61115	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement Volunteer Coordinator		Category/ Type 001	Transaction ID : SB17.4652	
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. Stensland, Riley, , ,			Date of Disbursement MM / DD / YYYY 11 / 28 / 2025	
Mailing Address 7681 Hawks Ridge Rd			FEC Identification Number C C00917120	
City Machesney Park	State IL	Zip Code 61115	Amount of Each Disbursement this Period 360.50	
Purpose of Disbursement Travel Expenses		Category/ Type 002	Transaction ID : SB17.4653	
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).....▶	6313.50
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 39 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial)
A. Stensland, Riley, , ,

Mailing Address 7681 Hawks Ridge Rd

City Machesney Park State IL Zip Code 61115

Purpose of Disbursement Event Tickets Category/Type 011

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 11 / 28 / 2025

FEC Identification Number C C00917120

Amount of Each Disbursement this Period 50.00

Transaction ID : SB17.4654

Memo Item

Full Name (Last, First, Middle Initial)
B. Terry Farmer Photography

Mailing Address 2711 W Washington St

City Springfield State IL Zip Code 62702

Purpose of Disbursement Photography Services Category/Type 001

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 10 / 09 / 2025

FEC Identification Number C C00917120

Amount of Each Disbursement this Period 2494.80

Transaction ID : SB17.4384

Memo Item

Full Name (Last, First, Middle Initial)
C. Will County GOP

Mailing Address 17364 S Parker Rd

City Homer Glen State IL Zip Code 60491

Purpose of Disbursement Event Sponsorship Category/Type 011

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 10 / 14 / 2025

FEC Identification Number C C00917120

Amount of Each Disbursement this Period 500.00

Transaction ID : SB17.4404

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3044.80

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 40 OF 68	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Wilson, Brady, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025	
Mailing Address 2921 S Park Ave			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62704	Amount of Each Disbursement this Period 1068.12	
Purpose of Disbursement Candidate Aide		Category/ Type 001	Transaction ID : SB17.4392	
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. Wilson, Brady, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address 2921 S Park Ave			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62704	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement Candidate Aide		Category/ Type 001	Transaction ID : SB17.4487	
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. Wilson, Brady, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025	
Mailing Address 2921 S Park Ave			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62704	Amount of Each Disbursement this Period 388.45	
Purpose of Disbursement Mileage		Category/ Type 002	Transaction ID : SB17.4488	
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).....▶	4956.57
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 41 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Wilson, Brady, , ,			Date of Disbursement MM / DD / YYYY 11 / 28 / 2025	
Mailing Address 2921 S Park Ave			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62704	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement Candidate Aide		Category/ Type 001	Transaction ID : SB17.4648	
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. Wilson, Brady, , ,			Date of Disbursement MM / DD / YYYY 11 / 28 / 2025	
Mailing Address 2921 S Park Ave			FEC Identification Number C C00917120	
City Springfield	State IL	Zip Code 62704	Amount of Each Disbursement this Period 540.37	
Purpose of Disbursement Travel Expenses		Category/ Type 002	Transaction ID : SB17.4648	
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 MM / DD / YYYY 10 / 05 / 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 Processing Fees		Category/ Type 001	Transaction ID : SB17.4317	
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).....▶	4046.52
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 42 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement 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) ▼	
State: IL District:	Transaction ID : SB17.4320 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement 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) ▼	
State: IL District:	Transaction ID : SB17.4323 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 5.91
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:	Transaction ID : SB17.4326 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	59.23
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 43 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 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 5.91	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4329	
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 10 / 05 / 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 3.08	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4332	
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 10 / 05 / 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 4.10	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4334	
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).....▶	13.09
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 6.15
State: IL District:		Transaction ID : SB17.4337 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 12.30
State: IL District:		Transaction ID : SB17.4340 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 12.30
State: IL District:		Transaction ID : SB17.4343 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	30.75
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 45 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		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 : SB17.4346
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 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 0.99
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 : SB17.4349
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 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 39.40
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 : SB17.4352
State: IL District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	46.54
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 46 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 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 Processing Fees		Category/ Type 001	Transaction ID : SB17.4355	
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 M M / D D / Y Y Y Y 10 / 05 / 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 Processing Fees		Category/ Type 001	Transaction ID : SB17.4358	
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 M M / D D / Y Y Y Y 10 / 05 / 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 5.91	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4361	
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).....▶	24.36
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 47 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 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 Processing Fees		Category/ Type 001	Transaction ID : SB17.4364
Candidate Name Don Tracy For Illinois NFP			<input type="checkbox"/> Memo Item
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 10 / 05 / 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 39.40
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4367
Candidate Name Don Tracy For Illinois NFP			<input type="checkbox"/> Memo Item
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 10 / 05 / 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 Processing Fees		Category/ Type 001	Transaction ID : SB17.4370
Candidate Name Don Tracy For Illinois NFP			<input type="checkbox"/> Memo Item
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).....▶	92.72
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 48 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 20.51 Transaction ID : SB17.4373 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 4.10 Transaction ID : SB17.4376 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 1.18 Transaction ID : SB17.4414 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	25.79
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 49 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 0.21
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 : SB17.4418
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 10 / 21 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 0.21
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 : SB17.4420
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 10 / 22 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name		Amount of Each Disbursement this Period 41.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4422
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	41.44
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 50 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 15.00
State: IL District:		Transaction ID : SB17.4433 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 6.15
State: IL District:		Transaction ID : SB17.4438 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 6.15
State: IL District:		Transaction ID : SB17.4441 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	27.30
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 51 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 39.40 Transaction ID : SB17.4444 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 20.51 Transaction ID : SB17.4452 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 4.10 Transaction ID : SB17.4455 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	64.01
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 52 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 01 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees	Category/ Type 001	Amount of Each Disbursement this Period 4.10
Candidate Name Don Tracy For Illinois NFP	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:	Transaction ID : SB17.4458 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 01 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees	Category/ Type 001	Amount of Each Disbursement this Period 4.10
Candidate Name Don Tracy For Illinois NFP	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:	Transaction ID : SB17.4460 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 01 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees	Category/ Type 001	Amount of Each Disbursement this Period 137.90
Candidate Name Don Tracy For Illinois NFP	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:	Transaction ID : SB17.4463 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	146.10
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 53 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 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 3.08	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4466	
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 M M / D D / Y Y Y Y 11 / 03 / 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 Processing Fees		Category/ Type 001	Transaction ID : SB17.4469	
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 M M / D D / Y Y Y Y 11 / 03 / 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 4.10	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4472	
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).....▶	13.33
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 54 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 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 5.91	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4496	
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 M M / D D / Y Y Y Y 11 / 04 / 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 2.96	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4499	
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 M M / D D / Y Y Y Y 11 / 05 / 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 143.56	
Purpose of Disbursement Processing Fees		Category/ Type 001	Transaction ID : SB17.4503	
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).....▶	152.43
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 55 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 05 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement 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 : SB17.4506 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 07 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement 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 : SB17.4509 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 07 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 10.25
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 : SB17.4512 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	57.42
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 56 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 07 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 3.94
State: IL District:		Transaction ID : SB17.4515 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 08 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 : SB17.4517 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 08 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 1.97
State: IL District:		Transaction ID : SB17.4520 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11.82
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 57 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 09 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 1.97
State: IL District:		Transaction ID : SB17.4523 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 10 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 3.08
State: IL District:		Transaction ID : SB17.4526 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 10 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 : SB17.4529 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11.20
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 58 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 10 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 2.05
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:	Transaction ID : SB17.4532 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 10 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee	Category/ Type 001	
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 19.70
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:	Transaction ID : SB17.4535 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 10 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee	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) ▼	
State: IL District:	Transaction ID : SB17.4538 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	42.26
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 59 OF 68			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed			Date of Disbursement MM / DD / YYYY 11 / 11 / 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 Processing Fee		Category/ Type 001	Transaction ID : SB17.4541		
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 MM / DD / YYYY 11 / 11 / 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 10.25		
Purpose of Disbursement Processing Fee		Category/ Type 001	Transaction ID : SB17.4541		
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 MM / DD / YYYY 11 / 11 / 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 10.25		
Purpose of Disbursement Processing Fee		Category/ Type 001	Transaction ID : SB17.4541		
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).....▶	61.52
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 60 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 11 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 2.05
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 : SB17.4550 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 11 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 2.96
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 : SB17.4550 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 2.96
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 : SB17.4550 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	7.97
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 61 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee	Category/ Type 001	Amount of Each Disbursement this Period 3.08
Candidate Name Don Tracy For Illinois NFP	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:	Transaction ID : SB17.4559 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee	Category/ Type 001	Amount of Each Disbursement this Period 2.96
Candidate Name Don Tracy For Illinois NFP	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:	Transaction ID : SB17.4562 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 11 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee	Category/ Type 001	Amount of Each Disbursement this Period 2.96
Candidate Name Don Tracy For Illinois NFP	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:	Transaction ID : SB17.4565 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	9.00
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 62 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 2.05 Transaction ID : SB17.4568
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 11 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 2.05 Transaction ID : SB17.4571
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 11 / 14 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement 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 8.20 Transaction ID : SB17.4615
State: IL District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12.30
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 63 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 11 / 25 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 107.41
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 : SB17.4641 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 11 / 25 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 9.85
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 : SB17.4641 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 12 / 10 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 275.80
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 : SB17.4671 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	393.06
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 64 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 4.10
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 : SB17.4678 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 143.56
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 : SB17.4682 <input type="checkbox"/> Memo Item
State: IL	District:	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fees		Category/ Type 001
Candidate Name Don Tracy For Illinois NFP		Amount of Each Disbursement this Period 4.10
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 : SB17.4686 <input type="checkbox"/> Memo Item
State: IL	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	151.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 68			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 10.05 Transaction ID : SB17.4688
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 12 / 17 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 10.25 Transaction ID : SB17.4696
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 12 / 19 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		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 20.51 Transaction ID : SB17.4699
State: IL District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	32.81
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 66 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 4.10
State: IL District:		Transaction ID : SB17.4702 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 3.94
State: IL District:		Transaction ID : SB17.4705 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2025
Mailing Address 4250 Fairfax Dr Suite 600		FEC Identification Number C C00917120
City Arlington	State VA	Zip Code 22203
Purpose of Disbursement Processing Fee		001
Candidate Name Don Tracy For Illinois NFP		Category/ Type
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) ▼	Amount of Each Disbursement this Period 137.90
State: IL District:		Transaction ID : SB17.4708 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	145.94
TOTAL This Period (last page this line number only).....▶	106904.95

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Don Tracy For Illinois NFP

Full Name (Last, First, Middle Initial) A. Newman, Angelynn, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025		
Mailing Address 2105 West Laurel St			FEC Identification Number C C00917120		
City Springfield	State IL	Zip Code 62704	Purpose of Disbursement Refund of Contribution		
Candidate Name Don Tracy For Illinois NFP		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) ▼	Category/ Type 010	
State: IL District:		Amount of Each Disbursement this Period 520.51			
			Transaction ID : SB20A.4432		
			<input type="checkbox"/> Memo Item		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	520.51
TOTAL This Period (last page this line number only).....▶	520.51

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 TRACY, DON, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1429 EAST LAKE SHORE DRIVE		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SPRINGFIELD	State IL	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 27 / 2025	M M / D D / Y Y Y Y 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.