

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

JUDY BOWLBY FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 1107

Check if different  
than previously  
reported. (ACC)

RIVERTON

IL

62561

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00917849

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

IL

15

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M 10

/ D 01

/ Y 2025

through

M 12

/ D 31

/ Y 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lekas, Constantine, , ,

Signature of Treasurer

Lekas, Constantine, , ,

Date

M 01 / D 04 / Y 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
OnlyFEC FORM 3  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**JUDY BOWLBY FOR CONGRESS**

Report Covering the Period: From:

M M  
10D D  
01Y Y Y Y  
2025

To:

M M  
12D D  
31Y Y Y Y  
2025

## 6. Net Contributions (other than loans)

- (a) Total Contributions (other than loans) (from Line 11(e)) ....
- (b) Total Contribution Refunds (from Line 20(d)) .....
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....

**COLUMN A**  
This Period**COLUMN B**  
Election Cycle-to-Date

3305.33	3536.48
0.00	0.00
3305.33	3536.48

## 7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17) .....
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....

6154.23	11065.29
0.00	0.00
6154.23	11065.29

## 8. Cash on Hand at Close of Reporting Period (from Line 27).....

7376.10
---------

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) .....

14904.91
----------

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

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JUDY BOWLBY FOR CONGRESS

Report Covering the Period: From:

M M  
10D D  
01Y Y Y Y  
2025

To:

M M  
12D D  
31Y Y Y Y  
2025

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d)) .....

2832.92
472.41
3305.33
0.00
0.00
0.00
3305.33

2832.92
703.56
3536.48
0.00
0.00
0.00
3536.48

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00
0.00

0.00
0.00

## 13. LOANS:

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

10000.00
0.00
10000.00

14904.91
0.00
14904.91

14. OFFSETS TO OPERATING EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00
0.00

0.00
0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00
0.00

0.00
0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4) .....

13305.33
18441.39

18441.39
0.00

## 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.....	6154.23	11065.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
<b>22. TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	<b>6154.23</b>	<b>11065.29</b>

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	225.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13305.33
25. SUBTOTAL (add Line 23 and Line 24).....	13530.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6154.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7376.10

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

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

FOR LINE NUMBER: PAGE 5 OF 22

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)

JUDY BOWLBY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Carroll, Michael, , , Mailing Address 710 Lake Shore Drive		Date of Receipt M M / D D / Y Y Y Y 10 16 / 2025 <b>Transaction ID : SA11AI.4161</b>
City Tuscola State IL Zip Code 61953		Amount of Each Receipt this Period 
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 
Full Name (Last, First, Middle Initial) <b>B.</b> Donnell, Thomas, , , Mailing Address 12225 N Co Rd 1000E		Date of Receipt M M / D D / Y Y Y Y 12 19 / 2025 <b>Transaction ID : SA11AI.4181</b>
City Humboldt State IL Zip Code 61931		Amount of Each Receipt this Period 
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Farmer Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Occupation Farmer Election Cycle-to-Date ▼ 
Full Name (Last, First, Middle Initial) <b>C.</b> Groniger, Jerome, , , Mailing Address 317 S. 14th St		Date of Receipt M M / D D / Y Y Y Y 12 19 / 2025 <b>Transaction ID : SA11AI.4179</b>
City Mattoon State IL Zip Code 61938		Amount of Each Receipt this Period 
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ►		
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 6 OF 22

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

JUDY BOWLBY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Rauschenberger, Steve, , , Mailing Address 422 N Worth Ave		Date of Receipt M M / D D / Y Y Y Y 12 15 2025
City Elgin State IL Zip Code 60123		<b>Transaction ID : SA11AI.4177</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer R-P Consultants Occupation Consultant		Memo Item
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 500.00
Full Name (Last, First, Middle Initial) <b>B.</b> Savage, Janie, , , Mailing Address 7848 Karlov Ave		Date of Receipt M M / D D / Y Y Y Y 11 03 2025
City Skokie State IL Zip Code 60076		<b>Transaction ID : SA11AI.4172</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.65
Name of Employer Retired Occupation Retired		Memo Item
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 208.65
Full Name (Last, First, Middle Initial) <b>C.</b> Simpson, Ty, , , Mailing Address 40 Barnard Lane		Date of Receipt M M / D D / Y Y Y Y 10 20 2025
City Highland Park State IL Zip Code 60035		<b>Transaction ID : SA11AI.4163</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 224.27
Name of Employer Boys Camp Occupation Director		Memo Item
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 224.27
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ►		
<b>TOTAL</b> This Period (last page this line number only) ..... ►		
932.92 2832.92		

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

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

FOR LINE NUMBER: PAGE 7 OF 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

JUDY BOWLBY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Bowlby, Judy, , , Mailing Address 375 Brian Lane		Date of Receipt M M / D D / Y Y Y Y 10 09 2025 <b>Transaction ID : SA13A.4155</b>
City Dawson State IL Zip Code 62520		Amount of Each Receipt this Period 
FEC ID number of contributing federal political committee. <b>C</b> H6IL15118		
Name of Employer Retired Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 
Full Name (Last, First, Middle Initial) <b>B.</b> Bowlby, Judy, , , Mailing Address 375 Brian Lane		Date of Receipt M M / D D / Y Y Y Y 12 02 2025 <b>Transaction ID : SA13A.4175</b>
City Dawson State IL Zip Code 62520		Amount of Each Receipt this Period 
FEC ID number of contributing federal political committee. <b>C</b> H6IL15118		
Name of Employer Retired Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 
Full Name (Last, First, Middle Initial) <b>C.</b> Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City		State
FEC ID number of contributing federal political committee. <b>C</b>		Zip Code
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ►		
<b>TOTAL</b> This Period (last page this line number only) ..... ►		
 		

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)

JUDY BOWLBY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Lekas Accounting LLC**

Mailing Address 10020 E Tanglewood Ct

City  
Palos Park

State  
IL

Zip Code  
60464

Purpose of Disbursement  
Accounting Fees

001

Candidate Name  
JUDY BOWLBY FOR CONGRESS

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
Other (specify) ▼

State: IL

District: 15

Date of Disbursement

M M 10 / D D 14 / Y Y Y Y Y 2025

FEC Identification Number

C C00917849

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4160

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lekas Accounting LLC**

Mailing Address 10020 E Tanglewood Ct

City  
Palos Park

State  
IL

Zip Code  
60464

Purpose of Disbursement  
Accounting Fees

001

Candidate Name  
JUDY BOWLBY FOR CONGRESS

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
Other (specify) ▼

State: IL

District: 15

Date of Disbursement

M M 12 / D D 04 / Y Y Y Y Y 2025

FEC Identification Number

C C00917849

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4176

Memo Item

Full Name (Last, First, Middle Initial)

**C. Womack Technologies**

Mailing Address 2651 South 5th St

City  
Springfield

State  
IL

Zip Code  
62703

Purpose of Disbursement  
IT Services

001

Candidate Name  
JUDY BOWLBY FOR CONGRESS

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
Other (specify) ▼

State: IL

District: 15

Date of Disbursement

M M 10 / D D 21 / Y Y Y Y Y 2025

FEC Identification Number

C C00917849

Amount of Each Disbursement this Period

5065.00

Transaction ID : SB17.4165

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

6065.00

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

6065.00

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 9 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

0.00

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
08D D  
18Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

1500.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

41.05

0.00

41.05

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
08D D  
19Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

41.05

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 11 OF 22  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

53.00

0.00

53.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
08D D  
27Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

53.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 12 OF 22  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11.00

0.00

11.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
08D D  
27Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

11.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 13 OF 22  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4116

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 / 01 / 2025M M / D D / Y Y Y Y  
/ / 11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

500.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 14 OF 22  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4117

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250.00

0.00

250.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y

09 / 01 / 2025

M M / D D / Y Y Y Y

11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

250.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4118

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

75.00

0.00

75.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 08 / 2025M M / D D / Y Y Y Y  
/ 11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

75.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1.69

0.00

1.69

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
09D D  
08Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/04/2026

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

1.69

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.00

0.00

25.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
09D D  
12Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/4/26

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

25.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 18 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

217.00

0.00

217.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
09D D  
12Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/4/26

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

217.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2222.17

0.00

2222.17

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
09D D  
15Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/4/26

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

2222.17

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 20 OF 22  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

9.00

0.00

9.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 18 / 2025M M / D D / Y Y Y Y  
11/4/26

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

9.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 21 OF 22  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4155

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 09 / 2025M M / D D / Y Y Y Y  
11/4/26

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

5000.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 22 OF 22

FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4175

JUDY BOWLBY FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Bowlby, Judy, , ,

Mailing Address

375 Brian Lane

City

Dawson

State

IL

ZIP Code

62520

Election: 2026

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
12D D  
02Y Y Y Y  
2025

M M

D D

Y Y Y Y  
11/4/26

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

5000.00

**TOTALS** This Period (last page in this line only) .....

14904.91

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