

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Marter for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2025 To: M M / D D / Y Y Y Y 09 / 30 / 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))	27698.76	55589.01
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	27698.76	55589.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13913.65	29950.44
(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))	13913.65	29950.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	31798.92	
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)	31358.77	

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

Marter for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22525.00	45275.00
(ii) Unitemized.....	5073.76	10214.01
(iii) TOTAL of contributions from individuals ▶	27598.76	55489.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27698.76	55589.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	27698.76	55589.01

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.....	13913.65	29950.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	9712.47
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	9712.47
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1663.75	3717.42
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15577.40	43380.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19677.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	27698.76
25. SUBTOTAL (add Line 23 and Line 24).....	47376.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15577.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31798.92

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 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Arkes, Hal, , ,

Mailing Address 2221 Woodmere Dr

City Cleveland Heights State OH Zip Code 44106

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
08 / 08 / 2025

Transaction ID : SA11AI.10923

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 705 Ravinia Dr

City Shorewood State IL Zip Code 60404

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID : SA11AI.10955

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address 301 Timberline Dr

City Joliet State IL Zip Code 60431

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2025

Transaction ID : SA11AI.10938

Amount of Each Receipt this Period
250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Bieber, Albert, , ,

Mailing Address PO Box 270

City: China State: TX Zip Code: 77613

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: 1400.00

Date of Receipt: 08 / 08 / 2025

Transaction ID : SA11AI.10870

Amount of Each Receipt this Period: 350.00

Memo Item Contribution

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

Mailing Address PO Box 270

City: China State: TX Zip Code: 77613

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: 1750.00

Date of Receipt: 09 / 29 / 2025

Transaction ID : SA11AI.10949

Amount of Each Receipt this Period: 350.00

Memo Item Contribution

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

Mailing Address 18598 Wyanet Walnut Rd

City: Princeton State: IL Zip Code: 61356

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: 07 / 24 / 2025

Transaction ID : SA11AI.10906

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 74	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Bryden, Elizabeth, , ,

Mailing Address 1 West 67th Street

City New York	State NY	Zip Code 10023
------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2025

Transaction ID : SA11AI.10835

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

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

Mailing Address PO Box 51583

City New Bedford	State MA	Zip Code 02745
---------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2025

Transaction ID : SA11AI.10841

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

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

Mailing Address 13134 88th Ter

City Live Oak	State FL	Zip Code 32060
------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID : SA11AI.10843

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	1750.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 8 OF 74	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 4601 Wheeler Rd

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

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.10952

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address PO Box 4220

City Midland	State TX	Zip Code 79704
-----------------	-------------	-------------------

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.10911

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address PO Box 4220

City Midland	State TX	Zip Code 79704
-----------------	-------------	-------------------

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.10927

Amount of Each Receipt this Period

Memo Item
Contribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Covington, Gary, , ,

Mailing Address PO Box 4220

City Midland State TX Zip Code 79704

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 ▼
4000.00

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

Transaction ID : SA11AI.10928

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address 1050 S Euclid Ave

City Elmhurst State IL Zip Code 60126

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

Name of Employer University of Chicago Occupation Police Commander

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
07 / 14 / 2025

Transaction ID : SA11AI.10899

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address 1325 N State Pkwy Apr 20b

City Chicago State IL Zip Code 60610

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2025

Transaction ID : SA11AI.10824

Amount of Each Receipt this Period
100.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 10 OF 74	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 1982 Hawks Nest Drive

City Port Orange	State FL	Zip Code 32128
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Doctor
--------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.10806

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 478 Kelly Ave

City Yorkville	State IL	Zip Code 60560
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.10810

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 80 S Royal Oaks Dr

City Bristol	State IL	Zip Code 60512
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2025

Transaction ID : SA11AI.10880

Amount of Each Receipt this Period

Memo Item
Contribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Fernandes, Dan, , ,

Mailing Address 2201 Stratford Way

City: La Verne State: CA Zip Code: 91750

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: 09 / 30 / 2025

Transaction ID : SA11AI.10959

Amount of Each Receipt this Period: 300.00

Memo Item Contribution

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

Mailing Address PO Box 10696

City: Chicago State: IL Zip Code: 60611

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed Occupation: Real Estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2025

Transaction ID : SA11AI.10808

Amount of Each Receipt this Period: 1000.00

Memo Item Contribution

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

Mailing Address 468 De Lasalle Ave

City: Naperville State: IL Zip Code: 60565

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: 08 / 06 / 2025

Transaction ID : SA11AI.10874

Amount of Each Receipt this Period: 100.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Gorrell, Sharon, , ,

Mailing Address 468 De Lasalle Ave

City Naperville State IL Zip Code 60565

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID : SA11AI.10966

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 929 Peninsula Dr

City Traverse City State MI Zip Code 49686

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

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

Transaction ID : SA11AI.10945

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 2399 Gulf of Mexico Dr

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2025

Transaction ID : SA11AI.10852

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

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

1500.00

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 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Holliday, Peter, , III

Mailing Address 607 College Street

City Macon State GA Zip Code 31201

FEC ID number of contributing federal political committee.

Name of Employer Hospital Occupation Neurosurgeon

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2025

Transaction ID : SA11AI.10851

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address 2 E Clinton Street Apt 503

City Joliet State IL Zip Code 60432

FEC ID number of contributing federal political committee.

Name of Employer KGG LLC Occupation Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 14 / 2025

Transaction ID : SA11AI.10897

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address 21140 Braxton Lane

City Plainfield State IL Zip Code 60544

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

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

Transaction ID : SA11AI.10967

Amount of Each Receipt this Period

Memo Item Contribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 14 OF 74	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Knight, Ernest, , ,

Mailing Address 24013 W Commercial St

City Plainfield	State IL	Zip Code 60544
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer University of Chicago	Occupation Police Commander
---	--------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.10902

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 1119 Daniel Court

City Sycamore	State IL	Zip Code 60178
------------------	-------------	-------------------

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.10822

Amount of Each Receipt this Period

Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Kummer, K L, , ,

Mailing Address 26311 Woodlyn Dr

City Bonita Springs	State FL	Zip Code 34134
------------------------	-------------	-------------------

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.10941

Amount of Each Receipt this Period

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="850.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Kviz, Linda, , ,

Mailing Address 695 Conton Ct

City Oswego State IL Zip Code 60543

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2025

Transaction ID : SA11AI.10937

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address 623 N Main St

City Naperville State IL Zip Code 60563

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2025

Transaction ID : SA11AI.10886

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address 12800 Vonn Rd Apt 9802

City Largo State FL Zip Code 33774

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 04 / 2025

Transaction ID : SA11AI.10921

Amount of Each Receipt this Period

Memo Item Contribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Malvese, Paul, , ,

Mailing Address 141 Legendary Cir

City: Palm Beach Gardens State: FL Zip Code: 33418

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 400.00

Date of Receipt: 08 / 04 / 2025

Transaction ID : SA11AI.10916

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

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

Mailing Address 141 Legendary Cir

City: Palm Beach Gardens State: FL Zip Code: 33418

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: 650.00

Date of Receipt: 09 / 24 / 2025

Transaction ID : SA11AI.10948

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

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

Mailing Address 3702 Sunset Blvd

City: Houston State: TX Zip Code: 77005

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: 07 / 14 / 2025

Transaction ID : SA11AI.10901

Amount of Each Receipt this Period: 250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 17 OF 74		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Maple, Ralph, , ,

Mailing Address 3702 Sunset Blvd

City Houston	State TX	Zip Code 77005
-----------------	-------------	-------------------

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
08		18		2025

Transaction ID : SA11AI.10932

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

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

Mailing Address 3702 Sunset Blvd

City Houston	State TX	Zip Code 77005
-----------------	-------------	-------------------

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 ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		05		2025

Transaction ID : SA11AI.10939

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

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

Mailing Address 3702 Sunset Blvd

City Houston	State TX	Zip Code 77005
-----------------	-------------	-------------------

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 ▼
1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2025

Transaction ID : SA11AI.10943

Amount of Each Receipt this Period
500.00

Memo Item
Contribution

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 74	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Nowokunski, Edward, , ,

Mailing Address 9207 Whistling Straits Drive

City Fort Mill	State SC	Zip Code 29707
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2025

Transaction ID : SA11AI.10893

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 312 Pierpont Lane

City Yorkville	State IL	Zip Code 60560
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2025

Transaction ID : SA11AI.10891

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address 1008 N Lew Street

City Plano	State IL	Zip Code 60545
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025

Transaction ID : SA11AI.10883

Amount of Each Receipt this Period

Memo Item
Contribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

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

Mailing Address 806 Thomas Dr

City Morris State IL Zip Code 60451

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID : SA11AI.10831

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

Mailing Address 406 West Navajo Avenue

City Shabbona State IL Zip Code 60550

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID : SA11AI.10869

Amount of Each Receipt this Period
100.00

Memo Item Contribution

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

Mailing Address 270 Easy St

City Somonauk State IL Zip Code 60552

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID : SA11AI.10957

Amount of Each Receipt this Period
500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 74
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Templeton, Steven, , ,

Mailing Address 222 Lakeview Ave

City West Palm Beach State FL Zip Code 33401

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

Name of Employer Templeton & Company Occupation Accountant

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
08 / 15 / 2025

Transaction ID : SA11AI.10864

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	22525.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 21 OF 74	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
UNITED FOR LIBERTY PAC

Mailing Address **19 BAKERS CREEK RD**

City WARWICK	State RI	Zip Code 02886
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00794222**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : SA11C.10829

Amount of Each Receipt this Period

Memo Item Contribution

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="100.00"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM / DD / YYYY 07 / 08 / 2025
Mailing Address 410 Terry Ave		FEC Identification Number C 00657361
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Parade Supplies	Category/ Type 007	Amount of Each Disbursement this Period 303.00
Candidate Name Marter for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.11006
State: IL District: 14	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 07 / 14 / 2025
Mailing Address 410 Terry Ave		FEC Identification Number C 00657361
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Parade Supplies	Category/ Type 007	Amount of Each Disbursement this Period 186.10
Candidate Name Marter for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.11009
State: IL District: 14	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 09 / 30 / 2025
Mailing Address 1920 McKinney Ave 7th Floor		FEC Identification Number C 00657361
City Dallas	State TX	Zip Code 75201
Purpose of Disbursement Anedot Fees	Category/ Type 001	Amount of Each Disbursement this Period 188.70
Candidate Name Marter for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.11095
State: IL District: 14	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	677.80
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 23 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

A. Colasante, Christa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4171 Lobo Ln

City Naperville State IL Zip Code 60564

Purpose of Disbursement Consulting Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: IL District: 14

Date of Disbursement 07 / 01 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 300.00

Transaction ID : SB17.10979

Memo Item

B. Colasante, Christa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4171 Lobo Ln

City Naperville State IL Zip Code 60564

Purpose of Disbursement August - Fair Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: IL District: 14

Date of Disbursement 08 / 03 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 525.00

Transaction ID : SB17.11032

Memo Item

C. Colasante, Christa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4171 Lobo Ln

City Naperville State IL Zip Code 60564

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
 Disbursement For: 2026 Primary General Other (specify) ▼
 State: IL District: 14

Date of Disbursement 09 / 02 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 737.20

Transaction ID : SB17.11055

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1562.20

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 24 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Constant Contact

Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 24 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 227.00

Transaction ID : SB17.11011

Memo Item

Full Name (Last, First, Middle Initial)

B. Constant Contact

Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 08 / 25 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 227.00

Transaction ID : SB17.11042

Memo Item

Full Name (Last, First, Middle Initial)

C. Constant Contact

Mailing Address 1601 Trapelo Road Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 09 / 24 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 227.00

Transaction ID : SB17.11091

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 681.00

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 25 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Ads Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 01 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 25.00

Transaction ID : SB17.10978

Memo Item

Full Name (Last, First, Middle Initial)

B. Hurst & Associates, Inc.

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 03 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 37.50

Transaction ID : SB17.11001

Memo Item

Full Name (Last, First, Middle Initial)

C. Hurst & Associates, Inc.

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 09 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 1.50

Transaction ID : SB17.11007

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 64.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial) A. Hurst & Associates, Inc.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2025
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Digital Marketin	Category/ Type 004	Amount of Each Disbursement this Period 37.50
Candidate Name Marter for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 14	Transaction ID : SB17.11024 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Hurst & Associates, Inc.		Date of Disbursement MM / DD / YYYY 08 / 11 / 2025
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Digital Marketing	Category/ Type 004	Amount of Each Disbursement this Period 34.50
Candidate Name Marter for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 14	Transaction ID : SB17.11026 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hurst & Associates, Inc.		Date of Disbursement MM / DD / YYYY 09 / 06 / 2025
Mailing Address 1 Forest View Dr.		FEC Identification Number C 00657361
City Hawthorn Woods	State IL	Zip Code 60047
Purpose of Disbursement Text Campaign	Category/ Type 004	Amount of Each Disbursement this Period 853.23
Candidate Name Marter for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 14	Transaction ID : SB17.11056 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	925.23
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 27 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)
A. Hurst & Associates, Inc.

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 09 / 22 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 18.75

Transaction ID : SB17.11073

Memo Item

Full Name (Last, First, Middle Initial)
B. Hurst & Associates, Inc.

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Digital Marketing Category/Type 004

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 09 / 26 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 82.50

Transaction ID : SB17.11085

Memo Item

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

Mailing Address 1 Forest View Dr.

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement Anni Cyrus Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 24 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 250.00

Transaction ID : SB17.10998

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 351.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial) A. Illinois Family Institute			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2025	
Mailing Address PO Box 876			FEC Identification Number C C00657361	
City Tinley Park	State IL	Zip Code 60477	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Dinner Tickets		Category/ Type 007	Transaction ID : SB17.11043	
Candidate Name Marter for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 14				

Full Name (Last, First, Middle Initial) B. Illinois Freedom Civic Coalition			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2025	
Mailing Address 1529 46th Avenue Ste 6			FEC Identification Number C C00657361	
City Moline	State IL	Zip Code 61265	Amount of Each Disbursement this Period 245.00	
Purpose of Disbursement Advertisement		Category/ Type 004	Transaction ID : SB17.11075	
Candidate Name Marter for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 14				

Full Name (Last, First, Middle Initial) C. Intercontinental The Willard			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1401 Pennsylvania Ave NW			FEC Identification Number C C00657361	
City Washington	State DC	Zip Code 20004	Amount of Each Disbursement this Period 786.14	
Purpose of Disbursement Hotel		Category/ Type 002	Transaction ID : SB17.11070	
Candidate Name Marter for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 14				

SUBTOTAL of Disbursements This Page (optional).....▶	1281.14
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 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Premier Mailing

Mailing Address 37 Stone Hill
Unit D

City Oswego State IL Zip Code 60543

Purpose of Disbursement Business Cards Category/Type 006

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 09 / 12 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 260.41

Transaction ID : SB17.11082

Memo Item

Full Name (Last, First, Middle Initial)

B. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 02 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 1080.00

Transaction ID : SB17.11000

Memo Item

Full Name (Last, First, Middle Initial)

C. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement 07 / 10 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 136.00

Transaction ID : SB17.11008

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1476.41

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: IL District: 14

Date of Disbursement 07 / 17 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 725.00

Transaction ID : SB17.11010

Memo Item

Full Name (Last, First, Middle Initial)

B. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultan Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: IL District: 14

Date of Disbursement 07 / 25 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 350.00

Transaction ID : SB17.11014

Memo Item

Full Name (Last, First, Middle Initial)

C. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: IL District: 14

Date of Disbursement 08 / 04 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 660.00

Transaction ID : SB17.11030

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1735.00

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 31 OF 74			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)				Date of Disbursement											
A. TFG LLC				<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>11</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		11		2025
M M	/	D D	/	Y Y Y Y											
08		11		2025											
Mailing Address 94 Medway St Unit GL				FEC Identification Number											
City Povidence		State RI	Zip Code 02906	<table border="1"> <tr> <td>C</td> <td>C00657361</td> </tr> </table>		C	C00657361								
C	C00657361														
Purpose of Disbursement Consultant			<table border="1"> <tr> <td>001</td> </tr> </table>	001	Amount of Each Disbursement this Period										
001															
Candidate Name Marter for Congress			Category/ Type	<table border="1"> <tr> <td>481.00</td> </tr> </table>		481.00									
481.00															
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		Transaction ID : SB17.11028 <input type="checkbox"/> Memo Item											
State: IL	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial)				Date of Disbursement											
B. TFG LLC				<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>18</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		18		2025
M M	/	D D	/	Y Y Y Y											
08		18		2025											
Mailing Address 94 Medway St Unit GL				FEC Identification Number											
City Povidence		State RI	Zip Code 02906	<table border="1"> <tr> <td>C</td> <td>C00657361</td> </tr> </table>		C	C00657361								
C	C00657361														
Purpose of Disbursement Consultant			<table border="1"> <tr> <td>001</td> </tr> </table>	001	Amount of Each Disbursement this Period										
001															
Candidate Name Marter for Congress			Category/ Type	<table border="1"> <tr> <td>490.00</td> </tr> </table>		490.00									
490.00															
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		Transaction ID : SB17.11036 <input type="checkbox"/> Memo Item											
State: IL	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial)				Date of Disbursement											
C. TFG LLC				<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		25		2025
M M	/	D D	/	Y Y Y Y											
08		25		2025											
Mailing Address 94 Medway St Unit GL				FEC Identification Number											
City Povidence		State RI	Zip Code 02906	<table border="1"> <tr> <td>C</td> <td>C00657361</td> </tr> </table>		C	C00657361								
C	C00657361														
Purpose of Disbursement Consultant			<table border="1"> <tr> <td>001</td> </tr> </table>	001	Amount of Each Disbursement this Period										
001															
Candidate Name Marter for Congress			Category/ Type	<table border="1"> <tr> <td>416.00</td> </tr> </table>		416.00									
416.00															
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		Transaction ID : SB17.11044 <input type="checkbox"/> Memo Item											
State: IL	District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

SUBTOTAL of Disbursements This Page (optional).....▶	1387.00
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 32 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: IL District: 14

Date of Disbursement 08 / 28 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 461.00

Transaction ID : SB17.11054

Memo Item

Full Name (Last, First, Middle Initial)

B. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: IL District: 14

Date of Disbursement 09 / 15 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 542.00

Transaction ID : SB17.11072

Memo Item

Full Name (Last, First, Middle Initial)

C. TFG LLC

Mailing Address 94 Medway St
Unit GL

City Povidence State RI Zip Code 02906

Purpose of Disbursement Consultant Category/Type 001

Candidate Name Marter for Congress

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: IL District: 14

Date of Disbursement 09 / 22 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 369.00

Transaction ID : SB17.11074

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1372.00

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 33 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial) A. TFG LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2025
Mailing Address 94 Medway St Unit GL		FEC Identification Number C C00657361
City Povidence	State RI	Zip Code 02906
Purpose of Disbursement Consultant	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 462.60	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11087
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Traverso's Restaurant		Date of Disbursement MM / DD / YYYY 09 / 29 / 2025
Mailing Address 2523 Plainfield Naperville Rd		FEC Identification Number C C00657361
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Fundraiser Event	Category/ Type 003	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 315.39	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11094
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 07 / 02 / 2025
Mailing Address 601 E Countryside Pkwy		FEC Identification Number C C00657361
City Yorkville	State IL	Zip Code 60560
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name Marter for Congress	Amount of Each Disbursement this Period 292.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.10999
State: IL District: 14	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1069.99
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 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 601 E Countryside Pkwy

City Yorkville State IL Zip Code 60560

Purpose of Disbursement Postage Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement MM / DD / YYYY 08 / 19 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 11.20

Transaction ID : SB17.11037

Memo Item

Full Name (Last, First, Middle Initial)

B. Weber, Steve, , ,

Mailing Address 600 E Lincoln Hwy Ste C

City New Lenox State IL Zip Code 60451

Purpose of Disbursement Accounting Fees Category/Type 001

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement MM / DD / YYYY 07 / 24 / 2025

FEC Identification Number C C00657361

Amount of Each Disbursement this Period 747.00

Transaction ID : SB17.10997

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 758.20

TOTAL This Period (last page this line number only)..... ▶ 13341.22

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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

NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)
A. Aurora Township Republicans

Mailing Address 1555 Butterfield Rd

City Aurora State IL Zip Code 60654

Purpose of Disbursement Sponsor - Ribfest Category/Type

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement
M M / D D / Y Y Y Y
09 / 11 / 2025

FEC Identification Number
C C00657361

Amount of Each Disbursement this Period
250.00

Transaction ID : **SB21.11058**

Memo Item

Full Name (Last, First, Middle Initial)
B. McHenry County GOPAC

Mailing Address 536 Gerry St

City Woodstock State IL Zip Code 60098

Purpose of Disbursement Event Category/Type

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement
M M / D D / Y Y Y Y
07 / 07 / 2025

FEC Identification Number
C C00657361

Amount of Each Disbursement this Period
256.25

Transaction ID : **SB21.11004**

Memo Item

Full Name (Last, First, Middle Initial)
C. Wheatland Township Republicans

Mailing Address 4015 Plainfield-Naperville Rd.

City Naperville State IL Zip Code 60564

Purpose of Disbursement Sponsor Category/Type

Candidate Name Marter for Congress

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

State: IL District: 14

Date of Disbursement
M M / D D / Y Y Y Y
08 / 02 / 2025

FEC Identification Number
C C00657361

Amount of Each Disbursement this Period
600.00

Transaction ID : **SB21.11017**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1106.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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).....▶	26.89
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 09 / 2021	Date Due M M / D D / Y Y Y Y na	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	--	---------------------------------------	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="26.89"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 31 / 2022	n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 04 / 2021	n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	31.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6176**
 Marter for Congress

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 09 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	26.89
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 06 / 22 / 2021	MM / DD / YYYY n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	11.29
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 01 / 2021	M M / D D / Y Y Y Y na	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 08 / 2021	M M / D D / Y Y Y Y na	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 120.45
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 31 / 2021	M M / D D / Y Y Y Y na	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="549.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 31 / 2021	M M / D D / Y Y Y Y na	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred MM / DD / YYYY 09 / 08 / 2021	Date Due MM / DD / YYYY n/a	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	-----------------------------------	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="25.00"/>
TOTALS This Period (last page in this line only).....▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	26.89
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 30 / 2021	na	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.6687**

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 12 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	104.84
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 21 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 207.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 240.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 251.35
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred M M / D D / Y Y Y Y 11 / 30 / 2021	Date Due M M / D D / Y Y Y Y n/a	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	--	--	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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).....▶	73.85
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2021	M M / D D / Y Y Y Y / / 0.00	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="549.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 05 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	97.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 10 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 150.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2021	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 08 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	18.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 01 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 21 / 2022	n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	875.16
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Marter for Congress** Transaction ID : **SC/10.7275**

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

Original Amount of Loan 4321.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4321.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 22 / 2022	n/a	0.00 % (apr)	<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).....▶	4321.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7268**
 Marter for Congress

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 24 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 27 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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).....▶	752.52
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7159**
 Marter for Congress

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	7500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 30 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 549.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 31 / 2022	n/a	0.00	

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

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

SUBTOTALS This Period This Page (optional).....▶	417.85
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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

SUBTOTALS This Period This Page (optional).....▶	324.52
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	37.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	9345.38
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 15 / 2022	M M / D D / Y Y Y Y n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 31 / 2021	n/a	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	549.00
TOTALS This Period (last page in this line only).....▶	31358.77

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