

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NOLLEY FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 2166



Check if different than previously reported. (ACC)

LOVES PARK

IL

61130

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00900399

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

IL

16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

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

Type or Print Name of Treasurer NOLLEY, PAUL, , ,

Signature of Treasurer

NOLLEY, PAUL, , ,

Date

M M / D D / Y Y Y Y

10 / 13 / 2025

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

NOLLEY 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))	13347.56	43466.64
(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))	13347.56	43466.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8286.55	26282.77
(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))	8286.55	26282.77
8. Cash on Hand at Close of Reporting Period (from Line 27)	17183.87	
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)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

NOLLEY FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**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).....

2850.00

15250.00

(ii) Unitemized

5373.00

11567.00

(iii) TOTAL of contributions
from individuals ▶

8223.00

26817.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

5000.00

15580.25

(d) The Candidate

124.56

1069.39

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

13347.56

43466.64

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)..... ▶

13347.56

43466.64

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.....	8286.55	26282.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8286.55	26282.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12122.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13347.56
25. SUBTOTAL (add Line 23 and Line 24).....	25470.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8286.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17183.87

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

PLEASE NOTE THAT THE COMMITTEE DISCLOSED ONLY THE ITEMIZED CONTRIBUTIONS FROM EARMARKED CONDUIT(S) THAT WERE REPORTED ON SCHEDULE A FOR LINE 11(A)(I); THE REMAINDER OF THE CONDUIT CONTRIBUTIONS THAT AGGREGATED \$200 OR LESS WERE INCLUDED IN THE TOTAL ON LINE 11(A)(II) OF THE DETAILED SUMMARY PAGE PER 11 CFR 104.3(A)(3).

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 24

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

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

NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHANDER, SACHIN, K, MR.,

A. Mailing Address 841 BARLEY RIDGE TRAILCity
FREEPORTState
ILZip Code
61032FEC ID number of contributing
federal political committee.

C

Name of Employer
CHANDER GROUP INC.Occupation
INFO TECH CONSULTANT

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
08 11 2025

Transaction ID : A-364

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

COOPER, CHERYL, , ,

B. Mailing Address 31619 N CLEARWATER DRIVECity
MCHENRYState
ILZip Code
60051FEC ID number of contributing
federal political committee.

C

Name of Employer
HSBCOccupation
MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : A-352

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARK VIA ACTBLUE ON 2025-08-10

Full Name (Last, First, Middle Initial)

ACTBLUE

C. Mailing Address PO BOX 441146City
SOMERVILLEState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11857.25

Date of Receipt

M M / D D / Y Y Y Y Y
08 10 2025

Transaction ID : A-352CM

Amount of Each Receipt this Period

485.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 24

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

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

COOPER, CHERYL, , ,

A.

Mailing Address 31619 N CLEARWATER DRIVE

City

MCHENRY

State

IL

Zip Code

60051

FEC ID number of contributing
federal political committee.

C

Name of Employer

HSBC

Occupation

MANAGER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

Transaction ID : A-440

Amount of Each Receipt this Period

50.00



Memo Item

EARMARK VIA ACTBLUE ON 2025-09-14

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

13999.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

Transaction ID : A-440CM

Amount of Each Receipt this Period

235.00



Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

DAY, DOUGLAS, , ,

C.

Mailing Address 1373 SPRING BAY ROAD

City

EAST PEORIA

State

IL

Zip Code

61611

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
0	7		1	8		2	0	2	5

Transaction ID : A-304

Amount of Each Receipt this Period

500.00



Memo Item

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

550.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FINNICUM, CRAIG, , ,

A.

Mailing Address 6723 CROWN RIDGE

City

ROCKFORD

State

IL

Zip Code

61103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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
09 04 2025

Transaction ID : A-430

Amount of Each Receipt this Period

100.00



Memo Item

B.

Full Name (Last, First, Middle Initial)

FINNICUM, CRAIG, , ,

Mailing Address 6723 CROWN RIDGE

City

ROCKFORD

State

IL

Zip Code

61103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : A-516

Amount of Each Receipt this Period

100.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

JESSE, GALE, , ,

Mailing Address 1200 WATERFORD DRIVE

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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
08 17 2025

Transaction ID : A-385

Amount of Each Receipt this Period

250.00



Memo Item

EARMARK VIA ACTBLUE ON 2025-08-17

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

450.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

12439.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

Transaction ID : A-385CM

Amount of Each Receipt this Period

582.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

OLSON, MARY, E, ,

Mailing Address 10420 ELLSWORTH DRIVE

City

ROSCOE

State

IL

Zip Code

61073

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

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	2	5

Transaction ID : A-439

Amount of Each Receipt this Period

500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

PIERCE, ADAM, , ,

Mailing Address 1605 CLIFF ROAD EAST APT 307

City

BURNSVILLE

State

MN

Zip Code

55337

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

Name of Employer

Occupation

COLLINS AEROSPACE

MANUFACTURING OPERATIONS SUPERVIS

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	5

Transaction ID : A-419

Amount of Each Receipt this Period

200.00

☐ Memo Item

EARMARK VIA ACTBLUE ON 2025-08-31

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

700.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 24

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

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13499.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	5	

Transaction ID : A-419CM

Amount of Each Receipt this Period

520.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

RUTKOSKI, ROBERT, , ,

Mailing Address 752 BROOKSIDE DRIVE

City

VARNA

State

IL

Zip Code

61375

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

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	5	

Transaction ID : A-403

Amount of Each Receipt this Period

100.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

TIDEMAN, HENRY, , ,

Mailing Address 603 SOUTH 4TH STREET

City

OREGON

State

IL

Zip Code

61061

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

Name of Employer

Occupation

RETIRED

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
0	9		1	2		2	0	5	

Transaction ID : A-452

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

600.00

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

2850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

SMART POLITICAL ACTION LEAGUE

A.Mailing Address 1750 NEW YORK AVENUE NORTHWEST
SUITE 600

City

WASHINGTON

State

DC

Zip Code

20006

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

C00007542

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 29 2025

Transaction ID : A-415

Amount of Each Receipt this Period

5000.00

☐ Memo Item**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

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

5000.00

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

5000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

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

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NOLLEY, PAUL, , ,

A. Mailing Address 4245 GLOUCESTER ROADCity
ROSCOEState
ILZip Code
61073FEC ID number of contributing
federal political committee.**C** H6IL16108Name of Employer
PROJECT FIRST RATEOccupation
EXECUTIVE DIRECTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1015.83

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		13		2025

Transaction ID : A-325

Amount of Each Receipt this Period

71.00

☐ Memo Item

IN KIND: FUEL FOR CAMPAIGN TRAVEL

B. Full Name (Last, First, Middle Initial)
NOLLEY, PAUL, , ,
Mailing Address 4245 GLOUCESTER ROADCity
ROSCOEState
ILZip Code
61073FEC ID number of contributing
federal political committee.**C** H6IL16108Name of Employer
PROJECT FIRST RATEOccupation
EXECUTIVE DIRECTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1069.39

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		23		2025

Transaction ID : A-313

Amount of Each Receipt this Period

53.56

☐ Memo Item

IN KIND: FUEL FOR CAMPAIGN TRAVEL

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)..... ►

124.56

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

124.56

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 24

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.15

Transaction ID : B-283

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.09

Transaction ID : B-307

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.39

Transaction ID : B-317

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.40

Transaction ID : B-342

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.25

Transaction ID : B-345

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.22

Transaction ID : B-367

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

26.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

23.04

Transaction ID : B-391

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

21.35

Transaction ID : B-407

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.57

Transaction ID : B-428

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

64.96

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.48

Transaction ID : B-448

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.30

Transaction ID : B-464

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.04

Transaction ID : B-483

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

35.82

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.80

Transaction ID : B-560

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
ACTBLUE SERVICE FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

47.86

Transaction ID : B-540

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC PARTY OF ILLINOIS

Mailing Address PO BOX 10692

City
CHICAGOState
ILZip Code
60610Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-314

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1558.66

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DESIGNED TO RUN, INC.Mailing Address 651 NORTH BROAD STREET
SUITE 201City
MIDDLETOWNState
DEZip Code
19709Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : B-312

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DESIGNED TO RUN, INC.Mailing Address 651 NORTH BROAD STREET
SUITE 201City
MIDDLETOWNState
DEZip Code
19709Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : B-399

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DESIGNED TO RUN, INC.Mailing Address 651 NORTH BROAD STREET
SUITE 201City
MIDDLETOWNState
DEZip Code
19709Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

006

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : B-477

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN - BLOOMINGTON

Mailing Address 3202 EAST EMPIRE STREET

City
BLOOMINGTONState
ILZip Code
61704Purpose of Disbursement
TRAVEL - LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

481.99

Transaction ID : B-311

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

001

Category/
Type

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : B-310

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

001

Category/
Type

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : B-362

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1261.99

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : B-449

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 405 NORTH ANGIER AVENUE NORTHEAST

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

58.00

Transaction ID : B-537

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MINUTEMAN PRESS OF LOVES PARK

Mailing Address 5128 NORTH 2ND STREET

City
LOVES PARKState
ILZip Code
61111Purpose of Disbursement
PRINTING - PALM CARDS, YARD SIGNS, BUSINESS CARDS &
PETITIONS
Candidate Name

006

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

472.75

Transaction ID : B-372

☐ Memo Item

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

830.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS OF LOVES PARK

Mailing Address 5128 NORTH 2ND STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2025

City
LOVES PARKState
ILZip Code
61111

FEC Identification Number

C

Purpose of Disbursement
PRINTING - PALM CARDS, PETITIONS AND NAME BADGES

006

Amount of Each Disbursement this Period

251.32

Transaction ID : B-444

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. NOLLEY, PAUL, , ,

Mailing Address 4245 GLOUCESTER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2025

City
ROSCOEState
ILZip Code
61073

FEC Identification Number

C

Purpose of Disbursement
IN KIND: FUEL FOR CAMPAIGN TRAVELCategory/
Type

Amount of Each Disbursement this Period

71.00

Transaction ID : B-325

☐ Memo Item

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. NOLLEY, PAUL, , ,

Mailing Address 4245 GLOUCESTER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

City
ROSCOEState
ILZip Code
61073

FEC Identification Number

C

Purpose of Disbursement
IN KIND: FUEL FOR CAMPAIGN TRAVELCategory/
Type

Amount of Each Disbursement this Period

53.56

Transaction ID : B-313

☐ Memo Item

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

375.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NUMERO, INCMailing Address 695 TOWN CENTER DRIVE
SUITE 1100City
COSTA MESAState
CAZip Code
92626Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

003

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

167.00

Transaction ID : B-264

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NUMERO, INCMailing Address 695 TOWN CENTER DRIVE
SUITE 1100City
COSTA MESAState
CAZip Code
92626Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

003

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-334

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NUMERO, INCMailing Address 695 TOWN CENTER DRIVE
SUITE 1100City
COSTA MESAState
CAZip Code
92626Purpose of Disbursement
SUBSCRIPTION - SOFTWARE

003

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-423

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2167.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 150 NORTH DAIRY ASHFORD ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

City
HOUSTONState
TXZip Code
77079

FEC Identification Number

C

Purpose of Disbursement
TRAVEL - FUEL

002

Amount of Each Disbursement this Period

60.27

Transaction ID : B-518

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. STATEHOUSE INN

Mailing Address 101 EAST ADAMS STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2025

City
SPRINGFIELDState
ILZip Code
62701

FEC Identification Number

C

Purpose of Disbursement
TRAVEL - LODGING

002

Amount of Each Disbursement this Period

334.04

Transaction ID : B-363

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 475 L'ENFANT PLAZA SOUTHWEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2025

City
WASHINGTONState
DCZip Code
20260

FEC Identification Number

C

Purpose of Disbursement
POSTAGE

001

Amount of Each Disbursement this Period

31.20

Transaction ID : B-453

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

425.51

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

NOLLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL SERVICE

Mailing Address 475 L'ENFANT PLAZA SOUTHWEST

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.05

Transaction ID : B-466

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Mailing Address 475 L'ENFANT PLAZA SOUTHWEST

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
PO BOX RENTAL FEE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.00

Transaction ID : B-493

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

65.05

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

6979.12