

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. ERIC THORSLAND FOR ILLINOIS

ADDRESS (number and street) 480 CR 2500 N. MAHOMET ILL 61853

2. FEC IDENTIFICATION NUMBER 00549899 3. IS THIS REPORT NEW (N) OR AMENDED (A) 14 15

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [X] 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 MM/DD/YYYY in the State of [ ]

(c) 30-Day POST-Election Report for the: General (30G) [ ] Runoff (30R) [ ] Special (30S) [ ] Election on MM/DD/YYYY in the State of [ ]

5. Covering Period 04/01/2014 through 06/30/2014

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 KEVIN SANDEFUR Signature of Treasurer [Signature] Date 07/08/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns for Office Use Only and FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

ERIC THORSLAND FOR ILLINOIS

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

	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)).....	36,804.3	103,662.6
(b) Total Contribution Refunds (from Line 20(d)).....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36,804.3	103,662.6
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	36,240.3	9,021.68
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36,240.3	9,021.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1,553.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	995.-	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



**DETAILED SUMMARY PAGE  
of Disbursements**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....

3,624.03

9,012.43

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

(b) Of All Other Loans.....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees.....

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ─

3,624.03

9,012.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

1,497.43

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

3,680.43

25. SUBTOTAL (add Line 23 and Line 24).....

5,177.86

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

3,624.03

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

1,553.83

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

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)

<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)  
**ERIC THORSLAND FOR ILLINOIS**

**A.** Full Name (Last, First, Middle Initial)  
**KANDY BRAUN**

Mailing Address  
**RR 1 BOX 388B**

City **Vandalia IL** State **IL** Zip Code **62471**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **200-**

Date of Receipt **06 28 2014**

Amount of Each Receipt this Period **200-**

**B.** Full Name (Last, First, Middle Initial)  
**CRAWFORD CO. DEMOCRATS**

Mailing Address  
**307 S. HOWARD ST**

City **CRAWFORD IL** State **IL** Zip Code **62545**

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

Name of Employer Occupation **PARTY**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **04 29 2014**

Amount of Each Receipt this Period **300.00**

**C.** Full Name (Last, First, Middle Initial)  
**FAYETTE CO. DEMOCRATIC C.C.**

Mailing Address  
**720 N. 5TH ST**

City **VANDALIA IL** State **IL** Zip Code **62471**

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

Name of Employer Occupation **PARTY**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **500-**

Date of Receipt **06 16 2014**

Amount of Each Receipt this Period **500-**

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

**TOTAL** This Period (last page this line number only)..... **200-**

**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 / OF

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

**A.** USPS

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: IL District: 15

Date of Disbursement: 06 / 30 / 2019

Amount of Each Disbursement this Period: 216.79

Category/Type: 00.1

**B.** Printing

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: IL District: 15

Date of Disbursement: 06 / 30 / 2019

Amount of Each Disbursement this Period: 2,038.87

Category/Type: 00.6

**C.** STRATEGIC COLLABORATION

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: IL District: 15

Date of Disbursement: 06 / 30 / 2019

Amount of Each Disbursement this Period: 752.73

Category/Type: 00.3

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

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


140001-110001-00001-1

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**ERIC THORSCAND FOR ILLINOIS**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**ERIC THORSCAND**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**480 CR 2500 N.**

City State ZIP Code  
**MAHOMET IL 61853**

Original Amount of Loan <b>995.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>995.00</b>
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**TERMS**

Date Incurred:  /  /  Date Due:  /  /  Interest Rate:  % (apr) Secured:  Yes  No

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

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

**TOTALS** This Period (last page in this line only)..... ▶  **995.00**

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

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**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page      of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)  <i>ERIC THORSLAND FOR ILLINOIS</i>		FEC IDENTIFICATION NUMBER  <i>00549899</i>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %
Mailing Address		Date Incurred or Established <input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Date Due <input type="text"/> / <input type="text"/> / <input type="text"/>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred <input type="text"/> / <input type="text"/> / <input type="text"/>	
B. If line of credit, Amount of this Draw: <input type="text"/>		Total Outstanding Balance: <input type="text"/>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <input type="text"/>  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <input type="text"/>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established: <input type="text"/> / <input type="text"/> / <input type="text"/>		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <input type="text"/> / <input type="text"/> / <input type="text"/>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <input type="text"/> / <input type="text"/> / <input type="text"/>	
Title			

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**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

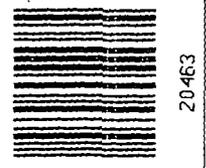
(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>ERIC THORSLAND FOR ILLINOIS</b>	Report Covering Period: From: <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	To: <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
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Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
<b>ERIC THORSLAND FOR ILLINOIS</b>				200-	800-	
B Column Total Last Page Only.....				200	800-	
A	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0		3680.43		995-	-
B			3680.43		995-	-
A	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	995	-	-	3680.43	3624.03	-
B	995-	-	-	3680.43	3624.03	-
A	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	-	-	-	-	-	-
B	-	-	-	-	-	-
A	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	-	-	3624.03	1497.43	1553.83	-
B	-	-	3624.03	1497.43	1553.83	-
A	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	995-	3680.43	3624.03			
B	995-	3680.43	3624.03			

UNION: CONN: UNION

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (8/2013)

7/23/14  
 DATE PREPARED

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