STATEMENT OF

RECEIVE:

FORM 1		ORGA	\NIZ/	ATIO	N				AM 8:20 CENTER
NAME OF COMMITTEE (in	full)	(Check if is change			ole:If typing, ty ne lines.		FE4M5		V
Harriman f	or Ço	ngress					1 1 1 1	1 1 1 1	
				<u> </u>		1 1 1 1			
ADDRESS (number a	nd street)	P.O. Box	(361						
(Check if ac is changed)		Belleville	<u> </u>		1:111		<u> </u>	52222	<u></u>
•			(CITY		STA	NTE .	ZIP (CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide	only one e-	-mail addre	ess)				
(Check if	addraes	ıharrimar	nfarço	ngre	sş@gπ	nail.cor	<u>n , , , , , , , , , , , , , , , , , , ,</u>		
is change			111	لبلبل				<u> </u>	
COMMITTEE'S WEB	address		1		A COMPANY OF THE PROPERTY OF T				
2. DATE :	1/17	2011		••					\
3. FEC IDENTIFIC	CATION NU	JMBER	CT	b be A	ssigne	b		٠	
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMENDED	(A) ·			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Type or Print Name of Treasurer Nathaniel O. Brown									
Signature of Treasure	er <u>/</u>	107				Date	[11"]	17	2011
NOTE: Submission of	4)	ous, or incomplete in			, ,			e penalties o	f 2 U.S.C. \$437g.
Office		Marin 1971		Fe To	or further Information Community of the State of the Stat	ommission 9530	, ,	FEC F	ORM 1 02/2009)

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TYPE OF COMMITTEE							
Cendidate Committee:							
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate Brad J. Harriman						
Cand Party	lidate Affiliati	ion DEM Office Sought: X House Senate President	State IL				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
Part	ty Con	mmittee:					
(d)			emocratic, epublican, etc.) Party.				
Poli	tical A	Action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization				
			•				
		9000	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lebbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Committees Participating in Joint Fundraiser						
	1.						
	2.						
	3.	FEC ID number C					
	4.	FEC ID number C					

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v	Vrite or Type Committee Name		raye J		
	Harriman for Co				
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor		
	•				
L					
	Mailing Address				
		CITY STATE ZI	P CODE		
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor		
	LANTON KLE				
7.	 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 				
	Natha	niel O, Brown			
	ruii Nairie <u>[1] </u>	1619 Ember Crest Drive	<u> </u>		
	Mailing Address				
		¡Fairview Heights, IL, 162208			
	Title or Position	CITY STATE ZII	CODE		
	Treasurer	Telephone number [618] - [615	[2670		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of		
	Full Name of Treasurer	niel O. Brown			
	Mailing Address	619 Ember Grest Drive			
		Fairview Heights II 62208	ODE		
	Title or Position	Telephone number [6]8, - [6]5			

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Full Name of Designated Agent	nnabelle Gillespie				
Mailing Address	26 Kingston Drive	111111			
		<u>, , , , , , , , , , , , , , , , , , , </u>	1 1 1 1 1 1 1 1 1		
	Belleville city	STATE	62223		
Title or Position [Assistant Trea	asurer Tele	phone number [618	[978, [2932_,		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
Π	he Bank of EdwardsvilleBelleville	Çenter , , , ,			
Mailing Address	5720 West Main Street				
	¡Belleville		62226 - -		
	CITY	STATE	ZIP CODE		
Name of Bank, Depo	ository, etc.	*****			
		1 1 1 1 1 1 1			
Mailing Address					
			<u> </u>		
	CITY	STATE	ZIP CODE		

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	Date of Receipt
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	Date of Receipt
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Other (Specify):	
ON	11/22/1
	11/25/11
PREPARER	DATE PREPARED

(3/2005)