

**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

HARRIMAN FOR CONGRESS

ADDRESS (number and street)

PO BOX 361

Check if different
than previously
reported. (ACC)

BELLEVILLE

IL

62222

2. FEC IDENTIFICATION NUMBER ▼

C

C00506444

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IL

12

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 / 2012

through

M M / D D / Y Y Y Y

09 / 30 / 2012

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 Nathaniel O. Brown

Signature of Treasurer

Nathaniel O. Brown

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 01 / 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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

HARRIMAN FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	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))....	0.00	395195.41
(b) Total Contribution Refunds (from Line 20(d))	5000.00	89400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-5000.00	305795.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5053.70	268786.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	2000.00	2000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3053.70	266786.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28653.48	
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:

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

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

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

HARRIMAN FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

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).....

0.00

241700.00

(ii) Unitemized.....

0.00

15645.41

(iii) TOTAL of contributions from individuals ▶

0.00

257345.41

(b) Political Party Committees.....

0.00

2000.00

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

0.00

135850.00

(d) The Candidate.....

0.00

0.00

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

0.00

395195.41

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.)

2000.00

2000.00

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)..... ▶

2000.00

397195.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5053.70	268786.51
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	20400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	69000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	89400.00
21. OTHER DISBURSEMENTS	235.42	10355.42
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10289.12	368541.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36942.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2000.00
25. SUBTOTAL (add Line 23 and Line 24).....	38942.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10289.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28653.48

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

PAGE 5 OF 10

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

Full Name (Last, First, Middle Initial)

GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC**A.**

Mailing Address PO BOX 30344

City

BETHESDA

State

MD

Zip Code

20824

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

C00381996

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA14.5028

Amount of Each Receipt this Period

1000.00

Refund of Excess Contribution Refund Previously Made

B.

Full Name (Last, First, Middle Initial)

Ken Keeney

Mailing Address 7353 Wolfrun Trail

City

Fairview Heights

State

IL

Zip Code

62208

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

Name of Employer

Pyramid Electric Contractors

Occupation

Chief Executive Officer

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA14.5029

Amount of Each Receipt this Period

1000.00

Refund of Excess Contribution Refund Previously Made

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
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

2000.00

2000.00

SUBTOTAL of Receipts This Page (optional).....**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 PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

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

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NAME OF COMMITTEE (In Full)

HARRIMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 5080

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

City	State	Zip Code
Carol Stream	IL	60197-5080

Amount of Each Disbursement this Period

130.67

Purpose of Disbursement
Phone ServiceCategory/
Type**Transaction ID : SB17.5041**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 5080

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

City	State	Zip Code
Carol Stream	IL	60197-5080

Amount of Each Disbursement this Period

104.70

Purpose of Disbursement
Internet ServiceCategory/
Type**Transaction ID : SB17.5037**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. AT&T Mobility

Mailing Address PO Box 650553

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2012

City	State	Zip Code
Dallas	TX	75265

Amount of Each Disbursement this Period

411.12

Purpose of Disbursement
Phone ServiceCategory/
Type**Transaction ID : SB17.5038**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

646.49

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

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

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NAME OF COMMITTEE (In Full)

HARRIMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Susan Gleiser

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2012

City	State	Zip Code
Dallas	TX	75225-2434

Amount of Each Disbursement this Period

1008.88

Purpose of Disbursement
Payroll**Transaction ID : SB17.5382**

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Illinois Department of Revenue

Mailing Address 15 Executive Drive - Suite 2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

City	State	Zip Code
Fairview Heights	IL	62208

Amount of Each Disbursement this Period

1182.33

Purpose of Disbursement
State Unemployment Taxes**Transaction ID : SB17.5030**

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Mailing Address 15 Executive Drive - Suite 2

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2012

City	State	Zip Code
Fairview Heights	IL	62208

Amount of Each Disbursement this Period

357.00

Purpose of Disbursement
State Unemployment Taxes**Transaction ID : SB17.5039**

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

2548.21

