

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Eric Sorensen for Illinois			
ADDRESS (number and street) PO Box 1172			
CITY Moline	STATE IL	ZIP CODE 61265	
2. NAME OF CANDIDATE Sorensen, Eric, , ,		3. OFFICE SOUGHT (State and District) House IL 17	
4. FEC IDENTIFICATION NUMBER C00793935			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME Air Line Pilots Association			Name of Employer 	Date (month, day, year) 	Amount
MAILING ADDRESS 7950 Jones Branch Dr Ste 400S			Transaction ID : 3626476	10/27/2022	2500.00
CITY Mc Lean	STATE VA	ZIP CODE 22102-3215	Occupation 		
B. FULL NAME Bell, Leonard, , ,			Name of Employer Not Employed	Date (month, day, year) 	Amount
MAILING ADDRESS 59 Tumblebrook Rd			Transaction ID : 3625213	10/27/2022	1000.00
CITY Woodbridge	STATE CT	ZIP CODE 06525-2533	Occupation Not Employed		
C. FULL NAME Brady, Katherine, , ,			Name of Employer Immigrant Legal Resource Center	Date (month, day, year) 	Amount
MAILING ADDRESS 1520 Huntley Rd			Transaction ID : 3625166	10/27/2022	1500.00
CITY Bellingham	STATE WA	ZIP CODE 98226-9790	Occupation Attorney		
D. FULL NAME Congressional Black Caucus PAC			Name of Employer 	Date (month, day, year) 	Amount
MAILING ADDRESS PO Box 33079			Transaction ID : 3626413	10/27/2022	5000.00
CITY Washington	STATE DC	ZIP CODE 20033-0079	Occupation 		
E. FULL NAME DNC PAC			Name of Employer 	Date (month, day, year) 	Amount
MAILING ADDRESS 1 Park Row Ste 5			Transaction ID : 3626475	10/27/2022	1500.00
CITY Providence	STATE RI	ZIP CODE 02903-1235	Occupation 		
SIGNATURE (optional) Starks, Shawn, , ,			DATE 10/29/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
<i>[Electronically Filed]</i>					

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Hilal, Paul, , , 712 5th Ave Fl 17 New York NY 10019-4108	Mantle Ridge Transaction ID : 3626463 Occupation CEO	10/27/2022	2726.38
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Lu, Weidi, , , 9 S Meadow Ct South Barrington IL 60010-9554	Name of Employer Not Employed Transaction ID : 3626424 Occupation Not Employed	Date (month, day, year) 10/03/2022	Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Ni, Pin, , , 9 S Meadow Ct South Barrington IL 60010-9554	Name of Employer Wanxiang America Corp Transaction ID : 3626423 Occupation President	Date (month, day, year) 10/03/2022	Amount 2900.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Otoe Missouria Tribe of Oklahoma 8151 Highway 177 Red Rock OK 74651-0348	Name of Employer Transaction ID : 3626474 Occupation	Date (month, day, year) 10/27/2022	Amount 2900.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Puri, Sunil, , , 5260 Guilford Rd Rockford IL 61107-2412	Name of Employer First Midwest Group Transaction ID : 3626420 Occupation Real Estate	Date (month, day, year) 09/30/2022	Amount 2900.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Stoller, Corky, , , 9100 Oriole Way Los Angeles CA 90069-1125	Name of Employer Self Employed Transaction ID : 3626421 Occupation Writer	Date (month, day, year) 09/30/2022	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Stoller, Mike, , , 9100 Oriole Way Los Angeles CA 90069-1125	Name of Employer Self Employed Transaction ID : 3626422 Occupation Song Writer	Date (month, day, year) 09/30/2022	Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount