

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAILCENTER

2022 OCT 26 PM 1:38 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Nancy Foster

ADDRESS (number and street)

1708 Shade Tree Court

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

Swansea

IL

62226

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00825067

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

IL

13

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 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

07/15/2022

through

10/15/2022

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

Nancy Foster

Signature of Treasurer

[Handwritten Signature]

Date

10/15/2022

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)

NON-FEDERAL CAMPAIGN FINANCING

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

Nancy Foster

Report Covering the Period:

From:

MM / DD / YYYY 07 / 15 / 2022

To:

MM / DD / YYYY 10 / 15 / 2022

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

0

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

0

0

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

0

0

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

0

0

8. Cash on Hand at Close of
Reporting Period (from Line 27)

0

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

NON-FEDERAL CAMPAIGN FINANCING

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Receipts

Page 3

Write or Type Committee Name

Nancy Foster

Report Covering the Period: From:

07 / **15** / **2022**

To:

10 / **15** / **2022**

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

0

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

0

0

(b) Political Party Committees.....

0

0

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

0

0

(d) The Candidate.....

0

0

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

0

0

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

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

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0

0

NONPROFIT ORGANIZATION

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
Nancy Foster

Full Name (Last, First, Middle Initial)

A. 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

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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)..... ▶

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

NON-FUNCTIONAL

**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)
 17 18 19a 19b
 20a 20b 20c 21

PAGE OF

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)
Nancy Foster

A. *Foster, Nancy C.*
 Full Name (Last, First, Middle Initial)
 Mailing Address: *1708 Shade Tree Court*
 City: *Swarsen* State: *IL* Zip Code: *62226*
 Purpose of Disbursement: *Pay for Commercial* Category/Type: *004*
 Candidate Name: *Nancy Foster*
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: *IL* District: *13*
 Date of Disbursement: *10/13/2022*
 FEC Identification Number: *C00825067*
 Amount of Each Disbursement this Period: *506.00*
 Memo Item

B. *Foster, Nancy C.*
 Full Name (Last, First, Middle Initial)
 Mailing Address: *1708 Shade Tree Ct*
 City: *Swarsen* State: *IL* Zip Code: *62226*
 Purpose of Disbursement: *Advertising* Category/Type: *004*
 Candidate Name: *Nancy Foster*
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: *IL* District: *13*
 Date of Disbursement: *10/13/2022*
 FEC Identification Number: *C00825067*
 Amount of Each Disbursement this Period: *1,800.00*
 Memo Item

C. *Foster, Nancy Foster*
 Full Name (Last, First, Middle Initial)
 Mailing Address: *1708 Shade Tree Ct*
 City: *Swarsen* State: *IL* Zip Code: *62226*
 Purpose of Disbursement: *Materials* Category/Type: *006*
 Candidate Name: *Nancy Foster*
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: *IL* District: *13*
 Date of Disbursement: *10/13/2022*
 FEC Identification Number: *C00825067*
 Amount of Each Disbursement this Period: *2,400.00*
 Memo Item

SUBTOTAL of Disbursements This Page (optional)
 TOTAL This Period (last page this line number only)
4,706.00

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SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Nancy Foster</i>			FEC IDENTIFICATION NUMBER C000825067		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <input type="text"/>		Interest Rate (APR) <input type="text"/> %	
Mailing Address			Date Incurred or Established MM / DD / YYYY		
City	State	Zip Code	Date Due MM / DD / YYYY		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred MM / DD / YYYY		
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).			Location of account: Address: City, State, Zip: _____		
Date account established: MM / DD / YYYY					
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 MM / DD / YYYY		
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 MM / DD / YYYY		
			Title		

2016 RELEASE UNDER E.O. 13526

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Nancy Foster

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2025 RELEASE UNDER E.O. 14176

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M	M
07	

 /

D	D
15	

 /

Y	Y	Y	Y
20	22		

Part 1: CONSOLIDATION REPORT

to:

M	M
10	

 /

D	D
15	

 /

Y	Y	Y	Y
20	22		

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

Nancy Foster

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)

Nancy Foster

NON-FEDERAL CAMPAIGN

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions 0	15 Other Receipts 0
7(c) Net Operating Expenditures	16 Total Receipts
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
13(b) All Other Loans 0	21 Other Disbursements
13(c) Total Loans 0	22 Total Disbursements 0
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period 0
	27 Cash on Hand at Close of Reporting Period 0

FEC FORM 3Z (File with Form 3)
Part 2: CONSOLIDATED TOTALS
FOR ALL AUTHORIZED COMMITTEES

Report Covering Period from:

M	M
07	15

 /

D	D
15	2022

 /

Y	Y	Y	Y
2022			

to:

M	M
10	15

 /

D	D
15	2022

 /

Y	Y	Y	Y
2022			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

Nancy Foster

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions 0	15 Other Receipts 0
7(c) Net Operating Expenditures	16 Total Receipts 0
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
13(b) All Other Loans 0	21 Other Disbursements 0
13(c) Total Loans 0	22 Total Disbursements 0
14 Offsets to Operating Expenditures 0	23 Cash on Hand at Beginning of Reporting Period 0
	27 Cash on Hand at Close of Reporting Period 0

NON PROFIT CORPORATION

1007

1708 SHADE TREE CT
 BELLEVILLE IL 62226-7581
 (630) 400-7018

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
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 PREPARER	10/26/22 DATE PREPARED

(3/2015)

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