Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Eric Sorensen for Illinois PO Box 1172 ADDRESS (number and street) (Check if address is changed) Moline 61265 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sorensencompliance@bluesummitsolutions.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.ericforillinois.com/ (Check if address is changed) DATE 2022 C00793935 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Kraft, Laura, , , Date 01 29 2024 Signature of Treasurer Kraft, Laura, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Complet information below.)	te the candidate
Name of Candidate Sorensen, Eric, ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State IL District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diodrick 17
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
Corporation Corporation w/o Capital Stock Laboration	or Organization
Membership Organization Trade Association Coo	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregorm. (i.e., nonconnected committee)	gated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	d PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	wo or more political
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.	wo or more political
Committees Participating in Joint Fundraiser	
1C	

•	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Eric Sorensen fo	r Illinois	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
	Eric Sorensen Victory	/ Fund	
	Mailing Address	611 Pennsylvania Avenue SE Suite 143	
		Washington DC	1 20003 1 1
		CITY ▲ STATE	
	Delationahin.		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represe	entative Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the per	rson in possession of committee
	Kraft, Laura	1 , , ,	
	Mailing Address	PO Box 1172	
	ag / dai-occ		
		Moline	61265
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committed assistant treasurer).	tee; and the name and address of
	Full Name Kraft, Laura of Treasurer	3 , , ,	
	Mailing Address	PO Box 1172	
		Moline	61265
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	402 - 689 - 3553

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of	(. 330 .
Designated Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephon	e number	
	Depositories: List all banks or other depositories in which the cores or maintains funds.	mmittee deposits for	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street, NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		g Participant:				
				FEC II	0 number	С
2				FEC II	0 number	С
3.				FEC II) number	C
4.				FEC II	0 number	С
	_		ated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spons
SEEC	C VICTORY FUN	υ 				
Ма	illing Address	PO BOX 15320				<u> </u>
		WASHINGTON			DC	20003
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
Full N	Name					
Mailir	ng Address					
TITL	LE OR POSITION	-	CITY A		STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Dogo	of 9	
Page	of ⁹	

	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	re, or Leadership PAC Sponsor
END CITIZENS UNIT	ED - PRIORITY 2024		
Mailing Address	122 C STREET NW		
	SUITE 360		
	WASHINGTON	ı DC ı	20001
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represen	
Full Name			
Full Name _ _ _ Mailing Address			
Mailing Address	CITY ▲	STATE A	ZIP CODE A
	CITY A	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
314 ACTION IMPAC	CT SLATE		
Mailing Address	PO BOX 14560		
	WASHINGTON	DC	20044
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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r(h). Joint Fundraisir	g Participant:			
1			FEC ID number	C
2			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connected	Organization, Affiliated (Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
EQUALITY PROJEC	Г 2024			
Mailing Address	PO BOX 15320			
	1			
	WASHINGTON		, DC	20003
Relationship:		CITY A	STATE A	ZIP CODE ▲
П	d Organization Affiliate	ed Committee X Join	t Fundraising Representa	_
Full Name				
	1			
Mailing Address				
Mailing Address				
Mailing Address				
		ITY 🛦	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION		ı	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
DEMOCRACY SUM	MER 2024		<u> </u>
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
Ŭ			
	WASHINGTON	l DC l	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
			П
	Affiliated Committee X July July July July July July July July	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or market boxes.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afty deposit boxes or mane of Bank,	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A