



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Vician for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	2475.00	2475.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2475.00	2475.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	1433.47	1433.47
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1433.47	1433.47
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>36071.48</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>34100.00</b>	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Vician for Congress

Report Covering the Period: From:  /  /  To:  /  /

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).....	2000.00	2000.00
(ii) Unitemized.....	225.00	225.00
(iii) TOTAL of contributions from individuals ▶	2225.00	2225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2475.00	2475.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	34100.00	34100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	34100.00	34100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.15	0.15
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	36575.15	36575.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1433.47	1433.47
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	70.20	70.20
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1503.67	1503.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36575.15
25. SUBTOTAL (add Line 23 and Line 24).....	37575.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1503.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36071.48

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 11  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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)  
**Vician for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Calwell, Gianni, , ,

Mailing Address 1300 S. Maimi Ave.

City Maimi	State FL	Zip Code 33130
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fox News	Occupation Analisist
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Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2025

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dolores Vician

Mailing Address 10100 Cypress Cove Dr.

City Fort Meyers	State FL	Zip Code 33908
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2025

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Campaign Donation

**C.** Full Name (Last, First, Middle Initial)  
Furstenau, Richard, , ,

Mailing Address 709 Zainger Ave.

City Naperville	State IL	Zip Code 60563
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation Lucdent Manager
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Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2025

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
500.00

Memo Item  
donationj

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

# 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 6 OF 11	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Vician for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Krishna for Congress

Mailing Address 750 Shoreline Drive

City Aurora	State IL	Zip Code 60504
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11C.4109**

Amount of Each Receipt this Period

Memo Item donation

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="250.00"/>



# 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)	PAGE 8 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Vician for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Quick Signs		M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address 424 Treasure Rd		FEC Identification Number
City Oswego	State IL	Zip Code 60543
Purpose of Disbursement Vehicle Lettering Vician for Congress		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="425.00"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Transaction ID : SB17.4113</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Spartan Ale House		M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 3032 English Rows Ave		FEC Identification Number
City Naperville	State IL	Zip Code 60564
Purpose of Disbursement Volunteer project		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="100.72"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Transaction ID : SB17.4117</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Vician for Congress		M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 737 Buttonwood Circle		FEC Identification Number
City Naperville	State IL	Zip Code 60540
Purpose of Disbursement Dinner Sponsorship		<input type="text" value="C"/> C00924779
Candidate Name Vician for Congress		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="300.00"/>
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Transaction ID : SB17.4121</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: IL District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="825.72"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="825.72"/>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4100**  
 Vician for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vician, Gary, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1265 Holiday Dr.		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Somonauk	State IL	ZIP Code 60552
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 30 / 2025	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4101**  
Vician for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vician, Gary, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1265 Holiday Dr.		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Somonauk	State IL	ZIP Code 60552
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 17 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4102**  
Vician for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vician, Gary, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1265 Holiday Dr.		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Somonauk	State IL	ZIP Code 60552
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 25 / 2025	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	34100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.