

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Vancil for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2025 To: M M / D D / Y Y Y Y 06 / 30 / 2025

	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))	35045.74	99164.62
(b) Total Contribution Refunds (from Line 20(d))	11300.00	13350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	23745.74	85814.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34176.64	63363.92
(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))	34176.64	63363.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	34223.70	
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)	12700.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Vancil 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).....	25920.50	81793.52
(ii) Unitemized.....	6310.05	13035.91
(iii) TOTAL of contributions from individuals ▶	32230.55	94829.43
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	300.00
(d) The Candidate.....	2615.19	4035.19
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35045.74	99164.62
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	9000.00	12700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9000.00	12700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	44045.74	111864.62

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.....	34176.64	63363.92
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	11200.00	13250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11300.00	13350.00
21. OTHER DISBURSEMENTS	0.00	927.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45476.64	77640.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35654.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44045.74
25. SUBTOTAL (add Line 23 and Line 24).....	79700.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45476.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34223.70

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 33
(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)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Accipiter Ventures

Mailing Address 1834 E State Hwy 164

City: Kirkwood State: IL Zip Code: 61447

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
06 / 30 / 2025

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
250.00

Memo Item
Refund Issued 06/30/2025

B. Full Name (Last, First, Middle Initial)
Armstrong Real Estate LLC

Mailing Address 501 N 12th St

City: Monmouth State: IL Zip Code: 61462

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
06 / 27 / 2025

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period
500.00

Memo Item
Verified as Federally Permissible Funds

C. Full Name (Last, First, Middle Initial)
Armstrong, Carrie, , ,

Mailing Address 501 N 12th St

City: Monmouth State: IL Zip Code: 61462

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:
Armstrong Real Estate LLC Business Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
06 / 27 / 2025

Transaction ID : SA11AI.4808.0

Amount of Each Receipt this Period
500.00

Memo Item
Partnership Memo for Armstrong Real Estate LLC

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Brent, Rodney, , ,

Mailing Address 814 Township Road 1500N

City Gladstone State IL Zip Code 61437

FEC ID number of contributing federal political committee.

Name of Employer None Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Chatterton Bros Trucking LLC

Mailing Address 2721 E Checkrow Rd

City Avon State IL Zip Code 61415

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2025

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period

Memo Item
Refunded 06/30/2025

C. Full Name (Last, First, Middle Initial)
Dame Fine Coffee LLC

Mailing Address 1296 US Route 34

City Gladstone State IL Zip Code 61437

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 25 / 2025

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period

Memo Item
Refund Issued 06/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Dowell, Caleb, , ,

Mailing Address 832 Twp Rd. 1100 E

City Stronghurst State IL Zip Code 61480

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
562.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2025

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period
312.30

Memo Item
Earmarked through WinRed

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13725.39

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2025

Transaction ID : SA11AI.4626.0

Amount of Each Receipt this Period
312.30

Memo Item
Conduit Memo

C. Full Name (Last, First, Middle Initial)
Dunn, Morris, Douglas, ,

Mailing Address 1339 Noble Heron Way

City Naples State FL Zip Code 34105

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

Name of Employer None Occupation Retired

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
05 / 29 / 2025

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

812.30

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Edwards, John, N, ,

Mailing Address 161 Angling Rd

City Galesburg	State IL	Zip Code 61401
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FEC ID number of contributing federal political committee.

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Forsythe, Gerald, R, ,

Mailing Address 1111 Willis Ave

City Wheeling	State IL	Zip Code 60090
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FEC ID number of contributing federal political committee.

Name of Employer Indeck Energy Services	Occupation CEO
--	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Forsythe, Gerald, R, ,

Mailing Address 1111 Willis Ave

City Wheeling	State IL	Zip Code 60090
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FEC ID number of contributing federal political committee.

Name of Employer Indeck Energy Services	Occupation CEO
--	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 9 OF 33	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Hall, Robert, C, ,

Mailing Address 111 E Ellington Dr

City Peoria	State IL	Zip Code 61603
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miller Hall and Triggs	Occupation Attorney
--	------------------------

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
06 / 02 / 2025

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hart, A, S, , III

Mailing Address 1609 Hart Rd

City Oquawka	State IL	Zip Code 61469
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

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
06 / 27 / 2025

Transaction ID : SA11AI.4798

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Johnson, Brian, , ,

Mailing Address 295 E Penn Ave

City Roseville	State IL	Zip Code 61473
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2025

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period
250.00

Memo Item

Earmarked through WinRed

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14517.82

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2025

Transaction ID : SA11AI.4686.0

Amount of Each Receipt this Period
250.00

Memo Item
Conduit Memo

B. Full Name (Last, First, Middle Initial)
Kube, Richard, S, , III

Mailing Address 212 W Ravinwood Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Occupation
Prairie Spine Institute Surgeon

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
06 / 09 / 2025

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lefler, Myles, , ,

Mailing Address 1443 Twp Rd. 1150 N

City Stronghurst State IL Zip Code 61480

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2025

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Lutz, Richard, , ,
Mailing Address PO Box 221
City Biggsville State IL Zip Code 61418
FEC ID number of contributing federal political committee. C
Name of Employer Bi-County Insurance Occupation Business Owner
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2025
Transaction ID : SA11AI.4807
Amount of Each Receipt this Period
100.00
 Memo Item
1100.00

B. Full Name (Last, First, Middle Initial)
McCullough, Robert, A, ,
Mailing Address 306 Meadow Dr
City Macomb State IL Zip Code 61455
FEC ID number of contributing federal political committee. C
Name of Employer Pawn Plus Inc Occupation Pawn Broker
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2025
Transaction ID : SA11AI.4765
Amount of Each Receipt this Period
200.00
 Memo Item
450.00

C. Full Name (Last, First, Middle Initial)
Miller, Ryan, , ,
Mailing Address 1217 Road 1900 E
City Carman State IL Zip Code 61425
FEC ID number of contributing federal political committee. C
Name of Employer Continental Fire Sprinkler Occupation Sprinkler Fitter
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2025
Transaction ID : SA11AI.4692
Amount of Each Receipt this Period
208.20
 Memo Item
Earmarked through WinRed
208.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 508.20
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14934.22

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2025

Transaction ID : SA11AI.4692.0

Amount of Each Receipt this Period
208.20

Memo Item
Conduit Memo

B. Full Name (Last, First, Middle Initial)
Murphy, Janet, S, ,

Mailing Address 105 W Twyman St

City Bushnell State IL Zip Code 61422

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

Name of Employer Occupation
None Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Packard, James, L, ,

Mailing Address 7613 Mc Curry

City Roscoe State IL Zip Code 61073

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

Name of Employer Occupation
None Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2025

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 13 OF 33	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Steinmetz, Matthew, E, ,

Mailing Address 1235 West Webster Ave

City Chicago	State IL	Zip Code 60614
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kirkland and Ellis LLP	Occupation Attorney
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2025

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period

3500.00

Memo Item

B. 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 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

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 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).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	25920.50

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 14 OF 33	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Friends for Sean Cavanaugh

Mailing Address 118 S 8th St

City Monmouth	State IL	Zip Code 61462
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2025

Transaction ID : SA11C.4805

Amount of Each Receipt this Period
100.00

Memo Item
Verified as Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Friends of John Kelly

Mailing Address 445 W Woodridge Lane

City Peoria	State IL	Zip Code 61614
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2025

Transaction ID : SA11C.4674

Amount of Each Receipt this Period
100.00

Memo Item
Refunded 06/30/2025

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 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)..... ▶	200.00
TOTAL This Period (last page this line number only)..... ▶	200.00

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 15 OF 33	
<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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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Vancil, Dillan, , ,

Mailing Address 1296 US Route 34

City Gladstone	State IL	Zip Code 61437
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL17247

Name of Employer DAME Fiine Coffee	Occupation Business Owner
---------------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5395.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA11D.4630

Amount of Each Receipt this Period
175.00

Memo Item
In-kind - Hole Sponsorship

B. Full Name (Last, First, Middle Initial)
Vancil, Dillan, , ,

Mailing Address 1296 US Route 34

City Gladstone	State IL	Zip Code 61437
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL17247

Name of Employer DAME Fiine Coffee	Occupation Business Owner
---------------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA11D.4631

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - Hole Sponsorship

C. Full Name (Last, First, Middle Initial)
Vancil, Dillan, , ,

Mailing Address 1296 US Route 34

City Gladstone	State IL	Zip Code 61437
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL17247

Name of Employer DAME Fiine Coffee	Occupation Business Owner
---------------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7735.19

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA11D.4634

Amount of Each Receipt this Period
2340.19

Memo Item
In-kind - Coffee

SUBTOTAL of Receipts This Page (optional).....▶	2615.19
TOTAL This Period (last page this line number only).....▶	2615.19

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vancil for Congress

A. Full Name (Last, First, Middle Initial)
Vancil, Dillan, , ,

Mailing Address 1296 US Route 34

City Gladstone State IL Zip Code 61437

FEC ID number of contributing federal political committee. **C** H6IL17247

Name of Employer DAME Fiine Coffee Occupation Business Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16735.19

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA13A.4816

Amount of Each Receipt this Period
9000.00

Memo Item
Personal Funds

B. 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 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

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 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).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	9000.00

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

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Campaign Eagle		M M / D D / Y Y Y Y 04 / 01 / 2025	
Mailing Address 140 E Gridley St		FEC Identification Number	
City Bushnell	State IL	Zip Code 61422	C
Purpose of Disbursement Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			2140.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.4559
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Campaign Eagle		M M / D D / Y Y Y Y 04 / 02 / 2025	
Mailing Address 140 E Gridley St		FEC Identification Number	
City Bushnell	State IL	Zip Code 61422	C
Purpose of Disbursement Advertising		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			573.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.4560
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Campaign Eagle		M M / D D / Y Y Y Y 04 / 07 / 2025	
Mailing Address 140 E Gridley St		FEC Identification Number	
City Bushnell	State IL	Zip Code 61422	C
Purpose of Disbursement Media Production		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			3000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.4561
State: District:			<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5714.94
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 Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33			
	<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)
Vancil for Congress

Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Campaign Eagle			M M / D D / Y Y Y Y 04 / 15 / 2025	
Mailing Address 140 E Gridley St			FEC Identification Number	
City Bushnell	State IL	Zip Code 61422	C	
Purpose of Disbursement Printing		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name			1429.54	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.4593	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. Campaign Eagle			M M / D D / Y Y Y Y 05 / 15 / 2025	
Mailing Address 140 E Gridley St			FEC Identification Number	
City Bushnell	State IL	Zip Code 61422	C	
Purpose of Disbursement Advertising		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name			1694.50	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.4637	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. Campaign Eagle			M M / D D / Y Y Y Y 05 / 19 / 2025	
Mailing Address 140 E Gridley St			FEC Identification Number	
City Bushnell	State IL	Zip Code 61422	C	
Purpose of Disbursement Advertising		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name			1725.00	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.4638	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4849.04
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 Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33			
	<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)
Vancil for Congress

Full Name (Last, First, Middle Initial)			Date of Disbursement											
A. Campaign Eagle			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>03</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		03		2025
M M	/	D D	/	Y Y Y Y										
06		03		2025										
Mailing Address 140 E Gridley St			FEC Identification Number											
City Bushnell	State IL	Zip Code 61422	C											
Purpose of Disbursement Advertising		Candidate Name	Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			1775.00											
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4682											
			<input type="checkbox"/> Memo Item											

Full Name (Last, First, Middle Initial)			Date of Disbursement											
B. Campaign Eagle			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		13		2025
M M	/	D D	/	Y Y Y Y										
06		13		2025										
Mailing Address 140 E Gridley St			FEC Identification Number											
City Bushnell	State IL	Zip Code 61422	C											
Purpose of Disbursement Advertising		Candidate Name	Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			2112.91											
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4745											
			<input type="checkbox"/> Memo Item											

Full Name (Last, First, Middle Initial)			Date of Disbursement											
C. Campaign Eagle			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		18		2025
M M	/	D D	/	Y Y Y Y										
06		18		2025										
Mailing Address 140 E Gridley St			FEC Identification Number											
City Bushnell	State IL	Zip Code 61422	C											
Purpose of Disbursement Advertising		Candidate Name	Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			8470.41											
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4775											
			<input type="checkbox"/> Memo Item											

SUBTOTAL of Disbursements This Page (optional).....▶	12358.32
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 Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Emerson's Pub		Date of Disbursement MM / DD / YYYY 06 / 23 / 2025
Mailing Address 3312 W Rock Falls Rd		FEC Identification Number C
City Rock Falls	State IL	Zip Code 61071
Purpose of Disbursement Event Catering	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 645.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4776 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Illinois Freedom Civic Coalition		Date of Disbursement MM / DD / YYYY 06 / 02 / 2025
Mailing Address 1529 46th Avenue Suite 6		FEC Identification Number C
City Moline	State IL	Zip Code 61265
Purpose of Disbursement Advertising	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 624.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4642 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Lariat Steakhouse		Date of Disbursement MM / DD / YYYY 06 / 02 / 2025
Mailing Address 2232 W Glen Ave		FEC Identification Number C
City Peoria	State IL	Zip Code 61614
Purpose of Disbursement Event Catering	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 434.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4680 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1704.99
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 Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 33	
	<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)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Nom Nom Noodle		Date of Disbursement MM / DD / YYYY 06 / 06 / 2025
Mailing Address 1006 E Lincoln St		FEC Identification Number C
City Bloomington	State IL	Zip Code 61701
Purpose of Disbursement Event Catering		Amount of Each Disbursement this Period 384.94
Candidate Name		Transaction ID : SB17.4720
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Peoria County Republicans Central Committee		Date of Disbursement MM / DD / YYYY 05 / 01 / 2025
Mailing Address 8835 N Knoxville Ave		FEC Identification Number C
City Peoria	State IL	Zip Code 61615
Purpose of Disbursement Event Sponsorship		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB17.4614
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Professional Data Services		Date of Disbursement MM / DD / YYYY 04 / 15 / 2025
Mailing Address 824 S. Milledge Ave #101		FEC Identification Number C
City Athens	State GA	Zip Code 30605
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 4032.09
Candidate Name		Transaction ID : SB17.4594
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5917.03
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 Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 33	
	<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)
Vancil for Congress

Full Name (Last, First, Middle Initial)
A. Rock Island County Republicans

Mailing Address 1529 46th Ave Ste 5

City Moline State IL Zip Code 61265

Purpose of Disbursement Event Sponsorship

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.4641

Memo Item

Full Name (Last, First, Middle Initial)
B. Taking Your Stage Consulting

Mailing Address 8826 W Legion Hall Rd

City Dunlap State IL Zip Code 61525

Purpose of Disbursement Speech Coaching

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 812.50

Transaction ID : SB17.4746

Memo Item

Full Name (Last, First, Middle Initial)
C. Vancil, Dillan, , ,

Mailing Address 1296 US Route 34

City Gladstone State IL Zip Code 61437

Purpose of Disbursement In-kind - Hole Sponsorship

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: IL District: 17

Date of Disbursement: 04 / 25 / 2025

FEC Identification Number: C H6IL17247

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.4632

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1012.50

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 Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33			
	<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)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Vancil, Dillan, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2025
Mailing Address 1296 US Route 34		FEC Identification Number C H6IL17247
City Gladstone	State IL	Zip Code 61437
Purpose of Disbursement In-kind - Hole Sponsorship		Amount of Each Disbursement this Period 175.00
Candidate Name		Transaction ID : SB17.4633
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2026	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IL	District: 17	

Full Name (Last, First, Middle Initial) B. Vancil, Dillan, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2025
Mailing Address 1296 US Route 34		FEC Identification Number C H6IL17247
City Gladstone	State IL	Zip Code 61437
Purpose of Disbursement In-kind - Coffee		Amount of Each Disbursement this Period 2340.19
Candidate Name		Transaction ID : SB17.4635
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2026	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IL	District: 17	

Full Name (Last, First, Middle Initial) C. Winred Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 2.09
Candidate Name		Transaction ID : SB17.4586
Office Sought: <input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2517.28
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 Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 33	
	<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)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Winred Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 2.05
Candidate Name		Transaction ID : SB17.4629
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Winred Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 12.38
Candidate Name		Transaction ID : SB17.4628
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Winred Technical Services, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 17.27
Candidate Name		Transaction ID : SB17.4661
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	31.70
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 Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Winred Technical Services, LLC		Date of Disbursement MM / DD / YYYY 06 / 09 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 30.29
Candidate Name		Transaction ID : SB17.4706
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Winred Technical Services, LLC		Date of Disbursement MM / DD / YYYY 06 / 16 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 5.13
Candidate Name		Transaction ID : SB17.4754
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Winred Technical Services, LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2025
Mailing Address 1776 Wilson Blvd Ste. 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement CC Transaction Fees		Amount of Each Disbursement this Period 5.13
Candidate Name		Transaction ID : SB17.4792
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	40.55
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 Page

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial)
A. Winred Technical Services, LLC

Mailing Address 1776 Wilson Blvd
Ste. 530

City Arlington State VA Zip Code 22209

Purpose of Disbursement
CC Transaction Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 30 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
5.99

Transaction ID : SB17.4823

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5.99
TOTAL This Period (last page this line number only).....▶	34152.34

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

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Accipiter Ventures		Date of Disbursement MM / DD / YYYY 06 / 30 / 2025
Mailing Address 1834 E State Hwy 164		FEC Identification Number C
City Kirkwood	State IL	Zip Code 61447
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : SB20A.4797
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Appraisal One		Date of Disbursement MM / DD / YYYY 04 / 30 / 2025
Mailing Address 41 E Simmons St		FEC Identification Number C
City Galesburg	State IL	Zip Code 61401
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB20A.4610
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Chatterton Bros Trucking LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2025
Mailing Address 2721 E Checkrow Rd		FEC Identification Number C
City Avon	State IL	Zip Code 61415
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : SB20A.4826
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
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 Page

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Dame Fine Coffee LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2025
Mailing Address 1296 US Route 34		FEC Identification Number C
City Gladstone	State IL	Zip Code 61437
Purpose of Disbursement Refund	Category/Type 010	
Candidate Name	Amount of Each Disbursement this Period 9000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20A.4813
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Gladstone Grain Company		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2025
Mailing Address PO Box 200		FEC Identification Number C
City Gladstone	State IL	Zip Code 61437
Purpose of Disbursement Refund	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20A.4611
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	11000.00

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 29 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Vancil for Congress

Full Name (Last, First, Middle Initial) A. Friends of John Kelly		Date of Disbursement MM / DD / YYYY 06 / 30 / 2025
Mailing Address 445 W Woodridge Lane		FEC Identification Number C
City Peoria	State IL	Zip Code 61614
Purpose of Disbursement Refund	Category/Type 010	
Candidate Name	Amount of Each Disbursement this Period 100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20C.4825
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	100.00

SCHEDULE C (FEC Form 3) LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vancil, Dillan, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1296 US Route 34		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Gladstone	State IL	ZIP Code 61437
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 700.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 29 / 2024	M M / D D / Y Y Y Y On Demand	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: []

SUBTOTALS This Period This Page (optional).....▶	[] 700.00
TOTALS 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**
 Vancil for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vancil, Dillan, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1296 US Route 34		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Gladstone	State IL	ZIP Code 61437
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 02 / 2024	M M / D D / Y Y Y Y On Demand	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:

SUBTOTALS This Period This Page (optional).....▶	500.00
TOTALS 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/10.4555**
 Vancil for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vancil, Dillan, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1296 US Route 34		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Gladstone	State IL	ZIP Code 61437
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2025	M M / D D / Y Y Y Y On Demand	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:

SUBTOTALS This Period This Page (optional).....▶	2500.00
TOTALS 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/10.4816**
 Vancil for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Vancil, Dillan, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1296 US Route 34		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Gladstone	State IL	ZIP Code 61437
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 9000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 30 / 2025	M M / D D / Y Y Y Y On Demand	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:

SUBTOTALS This Period This Page (optional).....▶	9000.00
TOTALS This Period (last page in this line only).....▶	12700.00

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