08/06/2024 15 : 46

PAGE 1 / 10 -

FEC FORM 1		STATEMEN DRGANIZ						Offi	ce Use		GE 17	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example over the	If typing, ty lines.	pe	12F	E4MS]		
Eric Sorense												
ADDRESS (number a		× 1172										
(Check if a is changed												
-	Moline							6126	65 	– ZIP C		<u> </u>
COMMITTEE'S E-MA	ALL ADDRESS											
(Check if a is changed		sencompliance@blues	summitsolutio	ons.com		1 1		1 1	1 1	1 1	1 1	1
		al Second E-Mail Add	tress									
(Check if a is changed		ww.ericforillinois.com/										
2. DATE 08		y y y 2022										
3. FEC IDENTIFIC	CATION NUMBER	► C co	00793935									
4. IS THIS STATEN		W (N) OR	×	AMENDED	(A)							
I certify that I have e	examined this Stater	nent and to the best	of my knowl	edge and b	elief it is	s true,	correc	t and	comple	ete.		
Type or Print Name of	of Treasurer <u>Kraft,</u>	Laura, , ,										
Signature of Treasure	er Kraft, Laura, , ,				[Date	M 08	M / 3	06		y y 202	
NOTE: Submission of		ncomplete information							penaltie	s of 52	2 U.S.C	C. §30109
Office Use Only			Fede Toll F	Further inform ral Election Co Free 800-424-9 1 202-694-1100	ommissior 9530					FOF sed 06/		

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. (Complete information below.)	the candidate
Name of Candidate Sorensen, Eric, , ,	
Candidate Office	State IL
Party Affiliation DEM Sought: X House Senate President	District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republic	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock	or Organization
Membership Organization Trade Association Coor	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 segreg committee. (i.e., nonconnected committee)	jated 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).	

(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

	FEC Form 1 (Revised 0	2/2009)																			Pag	ge (3		
W	Vrite or Type Committee Name																								
	Eric Sorensen fo	r Illinois																							
6.	Name of Any Connected O	rganization, Affiliated Comm	ittee,	Joi	nt F	⁼un	dra	isii	ng	Rep	ores	sen	tati	ve,	or	Le	ade	ers	hip) P	AC	Sp	con	sor	
	Eric Sorensen Victor	y Fund																							
														1											
	Mailing Address	611 Pennsylvania Avenue SE																							
		Suite 143		1																					
		Washington										_I D	С			1 20	000	13							

	CITY A	STATE A	ZIP CODE
Relationship: Connected Organization	Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Sponsor

.

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kraft, Laur	a, , ,				
Full Name					
Mailing Address	PO Box 1172				
	Moline			IL 61265	
		CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼					
Custodian of Records			Telephone nun	nber	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Kraft, Laura, , ,
of Treasurer	
Mailing Address	PO Box 1172
	Moline IL 61265
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalga	amated Bank			
Mailing Address	1825 K Street, NW			
	Washington			
		CITY ▲	STATE A	ZIP CODE
Name of Bank, Depository,	etc.			
Mailing Address				
		CITY ▲	STATE A	ZIP CODE

L

5(g) or ((h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative	, or Leadership PAC Sponsor
		ID		
	Mailing Address	PO BOX 15320		
				20003
	Relationship:		STATE 🔺	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D	Designated Agent: Identify	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D	Full Name			
8. D	Full Name		STATE	
9. B	Full Name		elephone Number	
9. B Si N	Full Name		elephone Number	
9. B Si N	Full Name		elephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.		elephone Number	
9. B S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.		elephone Number	

5(g) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. Na	me of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
		ED - PRIORITY 2024		
L				
	Mailing Address	122 C STREET NW		
		SUITE 360		
				20001
	Relationship:		STATE A	ZIP CODE
8. De		by name, address (phone number – optional)		
8. De	signated Agent: Identify	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De :	Full Name			
8. De:	Full Name	L	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	· · · · · · · · · · · · · · · · · · ·
9. Ba saf	Full Name		ephone Number	
9. Ba saf	Full Name	CITY A CITY A Tele es: List all banks or other depositories in which the the tains funds.	ephone Number	s funds, holds accounts, rents
9. Ba saf	Full Name Mailing Address TITLE OR POSITION T nks or Other Depositori ety deposit boxes or main me of Bank, pository, etc	CITY A CITY A Tele es: List all banks or other depositories in which the the tains funds.	ephone Number	s funds, holds accounts, rents
9. Ba saf	Full Name Mailing Address TITLE OR POSITION T nks or Other Depositori ety deposit boxes or main me of Bank, pository, etc		ephone Number	s funds, holds accounts, rents

L

5(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
6. Name	e of Anv Connected C	rganization, Affiliated Committe	e. Joint Fundraising I	Representative	. or Leadership PAC Sponsor
	Mailing Address	PO BOX 14560			
					20044
	Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
		by name, address (phone numbe	- optional)		
Fu	ull Name	by name, address (phone numbe	r – optional)		
Fu		by name, address (phone numbe	r – optional)		
Fu	ull Name	by name, address (phone numbe	r – optional)		
Fu	ull Name		r – optional)		
Fu	ull Name				
Fu	ull Name		- optional)		
Fu M 1 9. Banks	ull Name		Telephone	Number	
Fu M 9. Banks safety Name	ull Name		Telephone	Number	
Fu M 9. Banks safety Name	ull Name		Telephone	Number	
Fu M 9. Banks safety Name	Address		Telephone	Number	
Fu M 9. Banks safety Name	Address		Telephone	Number	

5(g) o	r(h). Joint Fundraisin	g Participant:						
	1			FEC ID	number	С		
	2.			FEC ID	number	С		
	3.			FEC ID	number	С		
	4.			FEC ID	number	С		
6.	Name of Any Connected	Organization. Affiliated (Committee. Joint Fund	raising Rep	resentative	e. or Leade	ership PA	C Sponsor
		-						-
	Mailing Address	PO BOX 15320						
		WASHINGTON		1		20003	³ , , -	.
	Relationship:				STATE		ZIP CO	
	Connected	Organization Affiliate	ed Committee	it Fundraising	Representa	ative	Leadership	PAC Spons
	Full Name							
	Mailing Address							
	TITLE OR POSITION	▼ C	ITY 🔺	S			ZIP CODI	E 🔺
			<u></u> т	elephone Nu	imber			
-								
		inc , liet all hanke or oth		the commit	an danacit	o tundo ho		nte rente
	Banks or Other Depositor safety deposit boxes or ma		er depositories in which		ee ueposit	s iunus, no	ius accoui	
	safety deposit boxes or ma Name of Bank,							
	safety deposit boxes or ma Name of Bank, Depository, etc.							
	safety deposit boxes or ma Name of Bank, Depository, etc.							

L

5(g) or ((h). Joint Fundraising	g Participant:	_	
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor
		1ER 2024		
	Mailing Address	600 PENNSYLVANIA AVE SE #15180]
			DC	20003
	Relationship:		STATE ▲	ZIP CODE A
_	Connected	d Organization Affiliated Committee X Joint F	Fundraising Representat	ive Leadership PAC Sponsor
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
8. D	Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
8. D	Full Name		└	
8. D	Full Name		STATE	
9. B	Full Name		ephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. B Si N	Full Name		ephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.		ephone Number	
9. B Si N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.		ephone Number	

5(g) or	r(h). Joint Fundraising	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative, or Leadership PAC Sponsor
	Budzinski Sorensen V	/ictory Fund	
	Mailing Address	PO Box 1172	
		Moline	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative
- 8. I	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
	I		lephone Number
	Banks or Other Depositor safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		
1		CITY A	STATE ▲ ZIP CODE ▲