



## 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 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 25 / 2026

	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)) ....	120.00	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)) .....	120.00	2475.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	64289.50	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)) .....	64289.50	1433.47
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>3101.98</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>65300.00</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).....	0.00	2000.00
(ii) Unitemized.....	120.00	225.00
(iii) TOTAL of contributions from individuals ▶	120.00	2225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	120.00	2475.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	31000.00	34100.00
(b) All Other Loans.....	200.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	31200.00	34100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.15
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	31320.00	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.....	64289.50	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 .....	0.00	70.20
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	64289.50	1503.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36071.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31320.00
25. SUBTOTAL (add Line 23 and Line 24).....	67391.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64289.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3101.98

# 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 16  
(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)  
Vician, Gary, , ,

Mailing Address 1265 Holiday Dr.

City Somonauk State IL Zip Code 60552

FEC ID number of contributing federal political committee. **C** H6IL14178

Name of Employer Retired Occupation Teacher

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  
02 / 09 / 2026

**Transaction ID : SA13A.4155**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Campaign Loan

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

Mailing Address 1265 Holiday Dr.

City Somonauk State IL Zip Code 60552

FEC ID number of contributing federal political committee. **C** H6IL14178

Name of Employer Retired Occupation Teacher

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
31000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2026

**Transaction ID : SA13A.4154**

Amount of Each Receipt this Period  
30000.00

Memo Item  
Campaign Loan

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31000.00

# 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 16  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Roy, Susanna, , ,

Mailing Address 5831 Lenox Rd.

City: Lisle State: IL Zip Code: 60532

FEC ID number of contributing federal political committee: C

Name of Employer: Endeavor Health Occupation: Teacher

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2026

Transaction ID : SA13B.4156

Amount of Each Receipt this Period  
200.00

Memo Item  
Campaign Loan

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	200.00

# 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 7 OF 16	
	<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)

**A. Best Buy**

Mailing Address 4400 New YorkSt.

City Aurora State IL Zip Code 60504

Purpose of Disbursement HP Laptop computer

Candidate Name Vician for Congress

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement: 01 / 23 / 2026

FEC Identification Number: C C00924779

Amount of Each Disbursement this Period: 729.67

Transaction ID : SB17.4196

Memo Item

Full Name (Last, First, Middle Initial)

**B. CandidateMom LLC**

Mailing Address

City Yorkville State IL Zip Code

Purpose of Disbursement Campaign Assistance

Candidate Name Vician for Congress

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement: 01 / 15 / 2026

FEC Identification Number: C C00924779

Amount of Each Disbursement this Period: 28602.00

Transaction ID : SB17.4175

Memo Item

Full Name (Last, First, Middle Initial)

**C. CandidateMom LLC**

Mailing Address

City Yorkville State IL Zip Code

Purpose of Disbursement Media Communication

Candidate Name Vician for Congress

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement: 02 / 24 / 2026

FEC Identification Number: C C00924779

Amount of Each Disbursement this Period: 28600.00

Transaction ID : SB17.4210

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 57931.67

**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 8 OF 16	
	<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)  
**A. Emergency Group LLC**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Campaign Assistance

Candidate Name  
Vician for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2026

FEC Identification Number  
**C** C00924779

Amount of Each Disbursement this Period  
1155.00

Transaction ID : **SB17.4159**

Memo Item

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

Mailing Address 690 Carbon Hill Rd.

City State Zip Code  
Coal City IL 60416

Purpose of Disbursement  
Raffle

Candidate Name  
Vician for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement  
MM / DD / YYYY  
02 / 14 / 2026

FEC Identification Number  
**C** C00924779

Amount of Each Disbursement this Period  
700.00

Transaction ID : **SB17.4174**

Memo Item

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

Mailing Address 17 W. State St.

City State Zip Code  
Geneva IL 60134

Purpose of Disbursement  
Volunteer Dinner/State of Union

Candidate Name  
Vician for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: IL District: 14

Date of Disbursement  
MM / DD / YYYY  
02 / 24 / 2026

FEC Identification Number  
**C** C00924779

Amount of Each Disbursement this Period  
383.91

Transaction ID : **SB17.4183**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2238.91

**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 9 OF 16	
	<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**

**A. MeszarosMediaGroup**

Full Name (Last, First, Middle Initial)  
Mailing Address 8107 Wood River

City Joliet State IL Zip Code 60431

Purpose of Disbursement: Media Work

Candidate Name: Vician for Congress

Office Sought:  House  Senate  President  
State: IL District: 14

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 01 / 01 / 2026

FEC Identification Number: C C00924779

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.4216

Memo Item

**B. MeszarosMediaGroup**

Full Name (Last, First, Middle Initial)  
Mailing Address 8107 Wood River

City Joliet State IL Zip Code 60431

Purpose of Disbursement: Media work

Candidate Name: Vician for Congress

Office Sought:  House  Senate  President  
State: IL District: 14

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 01 / 2026

FEC Identification Number: C C00924779

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.4218

Memo Item

**C. Premier Mailing**

Full Name (Last, First, Middle Initial)  
Mailing Address 37 Stone Hill Rd.

City Oswego State IL Zip Code 60543

Purpose of Disbursement: Walk cards

Candidate Name: Vician for Congress

Office Sought:  House  Senate  President  
State: IL District: 14

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 01 / 20 / 2026

FEC Identification Number: C C00924779

Amount of Each Disbursement this Period: 334.75

Transaction ID : SB17.4209

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 1034.75

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



# 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 <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1265 Holiday Dr.		
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
City Somonauk		<input type="checkbox"/> Other (specify) ▼
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).....▶	[ ]

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/10.4155**  
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 type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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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 02 / 09 / 2026	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).....▶	[ ] 1000.00
<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/10.4154**  
 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 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 02 / 18 / 2026	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).....▶	[ ]

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/10.4156**  
 Vician for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Roy, Susanna, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 5831 Lenox Rd.			<input type="checkbox"/> General
City Lisle		State IL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 60532		<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 31 / 2026	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).....▶	200.00
<b>TOTALS</b> This Period (last page in this line only).....▶	65300.00

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