Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tammy for Illinois PO Box 10793 ADDRESS (number and street) (Check if address is changed) Chicago 60610 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@tammyduckworth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tammyduckworth.com (Check if address is changed) DATE 2019 C00574889 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	×	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. (Corinformation below.)	nplete the candidate
Nam Can	ne of didate	Duckworth, L. Tammy, , ,	
	didate y Affiliati	on DEM Office Sought: House X Senate President	State IL District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	ne of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

I		
FEC Form 1 (Revised 0		Page 3
Write or Type Committee Name		
Tammy for Illino	is	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
Duckworth Victory Fun	d	
Mailing Address	124 Washington Street	
	Suite 101	
	Foxboro	02035
	CITY STATE	ZIP CODE
	CITI	ZIF CODE
Relationship: Connected	Organization Affiliated Committee 🗴 Joint Fundraising Representat	ive Leadership PAC Sponsor
Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of the pe	rson in possession of committee
Lowey, Kei	th, D., ,	1
Full Name	,124 Washington Street, Suite 101	
Mailing Address		
	Foxboro	02035
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	08 - 543 - 1720
8. Treasurer : List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Lowey, Kei	h, D., ,	1
of Treasurer		
Mailing Address	124 Washington Street, Suite 101	
	Foxboro MA	02035
	CITY STATE	ZIP CODE
Title or Position , Treasurer	, 50	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Denos	ositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
safety deposit boxes or	r maintains funds.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.	
safety deposit boxes or Name of Bank, Deposit	itory, etc. ibank	
safety deposit boxes or Name of Bank, Deposit	itory, etc. ibank	
safety deposit boxes or Name of Bank, Deposit	itory, etc. ibank 601 N. Martingale Rd. #175 Schaumburg IL 60173	ZIP CODE
safety deposit boxes or Name of Bank, Deposit	itory, etc. ibank 601 N. Martingale Rd. #175 Schaumburg CITY STATE	ZIP CODE
safety deposit boxes or Name of Bank, Deposit Citil Mailing Address Name of Bank, Deposit	r maintains funds. itory, etc. ibank 601 N. Martingale Rd. #175 Schaumburg IL 60173 CITY STATE itory, etc.	ZIP CODE
safety deposit boxes or Name of Bank, Deposit Citil Mailing Address Name of Bank, Deposit	itory, etc. ibank 601 N. Martingale Rd. #175 Schaumburg CITY STATE itory, etc.	ZIP CODE
Name of Bank, Deposit Mailing Address Name of Bank, Deposit Mailing Address	r maintains funds. itory, etc. ibank 601 N. Martingale Rd. #175 Schaumburg IL 60173 CITY STATE itory, etc.	ZIP CODE
safety deposit boxes or Name of Bank, Deposit Citil Mailing Address Name of Bank, Deposit	r maintains funds. itory, etc. ibank 601 N. Martingale Rd. #175 Schaumburg IL 60173 CITY STATE itory, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

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			umb a r	C
1.		FEC ID n		
2.		FEC ID n		
3.		FEC ID n	umber	C
4.		FEC ID n	umber	
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Repre	sentative,	or Leadership PAC Spor
Illinois Victory 201	16 			
Mailing Address	120 Maryland Ave NE			
	Washington	1	DC	20002
Relationship:	CITY ▲	S	TATE 🛦	ZIP CODE ▲
	d Organization Affiliated Committee y by name, address (phone number – option	Joint Fundraising R	epresentati	ve Leadership PAC S
		,		
Full Name		, 		
Full Name				
Mailing Address	CITY A		ATE A	ZIP CODE A
	CITY A			ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail arms of Bank, Amalga	ries: List all banks or other depositories in v	ST/	ber	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail arms of Bank, Amalga	vries: List all banks or other depositories in vaintains funds. amated Bank	ST/	ber	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail arms of Bank, Amalga	vries: List all banks or other depositories in vaintains funds.	ST/	ber	
Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or main arms of Bank, epository, etc.	vries: List all banks or other depositories in vaintains funds. amated Bank	ST/	ber	

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

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h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Illinois Democrats	s 2020		
Mailing Address	918 Pennsylvania Ave SE		
			1 1 1 1 1 1 1 1 1
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identii Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, Self-H	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, Self-H	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

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g) or (h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Representativ	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		Joint Fundraising Represent	
Full Name	y by name, address (phone number – optional	,	
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	▼	1	
		Telephone Number	
safety deposit boxes or ma	ories: List all banks or other depositories in what aintains funds. AS Bank 1415 Boston Providence Highway	nich the committee deposit	s funds, holds accounts, rents
	Norwood	MA MA	02062
	CITY ▲	STATE ▲	ZIP CODE ▲