FEC

Only

STATEMENT OF

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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 CITY A STATE A ZIP CODE ▲ 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 2022 C00574889 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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] 09 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the information below.)	candidate
	Name of Candidate Duckworth, L. Tammy, , ,	
	Candidate Party Affiliation DEM Office Sought: House Senate President	State IL District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAGE)	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	/rite or Type Committee Name	o i o	
).	Tammy for Illin	OIS rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	Duckworth Victory Fu		
	Mailing Address	124 Washington Street	
		Suite 101	
		Foxboro MA 02035	;
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Lowey, Kei	th D	
	Full Name	., ., ,	
	Mailing Address	124 Washington Street, Suite 101	
		Foxboro MA 02035	·
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 508 - [543 - 1720
<u> </u>	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Lowey, Kei	:h, D., ,	
	of Treasurer		
	Mailing Address	124 Washington Street, Suite 101	
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Foxboro MA 02035	, , , , , , , , , , , , , , , , , , , ,
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	543

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds es or maintains funds.	, holds accounts, rents
Name of Bank, De	epository, etc.	
ı	Amalgamated Bank	
Mailing Address	1825 K St NW	
	Washington DC 20	0006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.	
I	Self-Help Federal Credit Union	
Mailing Address	645 East 87th Street	
	Chicago IL 60	0619
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraising					
1.			FEC II) number	C
2.			FEC II) number	C
3.			, FEC II) number	C
			」) number	С
4			J		
		ed Committee, Joint Fu	ndraising Rep	oresentative	e, or Leadership PAC Sponsor
Illinois Victory 2016) 				
Mailing Address	120 Maryland Ave N	NE			
	Washington			DC	20002
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	Organization Af	filiated Committee	oint Fundraisin	g Representa	Leadership PAC Spons
Full Name	1				
Full Name Mailing Address					
Mailing Address		CITY A		STATE A	ZIP CODE A
		CITY A		STATE A	ZIP CODE A
Mailing Address		CITY A	Telephone N		ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or main Name of Bank, Citizens	es: List all banks or tains funds.		Telephone N	umber	ZIP CODE ZIP code s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or tains funds.	other depositories in wh	Telephone N	umber	
Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or main Name of Bank, Citizens	es: List all banks or ntains funds.	other depositories in wh	Telephone N	umber	
Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or ntains funds.	other depositories in wh	Telephone N	umber	

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

(h). Joint Fundraisi r		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	enate Victory Fund		
Mailing Address	124 Washington Street		
	Suite 101		
	Foxboro	, MA	02035
Relationship:	CITY A	STATE A	ZIP CODE A
•	*** -	• –	
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
resignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or ma	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
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing anks, Woods	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
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Sboro Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Sboro Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington Street		
		Suite 101 Foxboro	ı MA	02035
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected		Fundraising Represent	
8.	Designated Agents Identify	by name address (phane number entional)		
	Designated Agent: Identity	by name, address (phone number - optional)		
	Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name			
	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name	CITY		ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which ti	STATE A	
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tel ies: List all banks or other depositories in which ti	STATE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A Tel ies: List all banks or other depositories in which ti	STATE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which ti	STATE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which ti	STATE A	

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2(9)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected Blue Quads Victor	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington Street		
		Suite 101		
		Foxboro	MA	02035
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION	•		ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	STATE ▲	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	STATE ▲	

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

(g) or (h). Joint	Fundraising Part	icipant:			
1.			FEC II	O number	С
2.			FEC II	O number	C
3.			FEC II	O number	C
4.			FEC II	O number	C
		ization, Affiliated Committee, Join	nt Fundraising Re	presentative	e, or Leadership PAC Sponsor
Illinois Co	lorado 2022	Victory Fund			
	600) Pennsylvania Ave SE #15180			
Mailing Ac	ddress				
				D0	20002
		ashington		DC	20003
Relationsh	nip:	CITY ▲	_	STATE ▲	ZIP CODE ▲
Designated Age	ent: Identify by na	ame, address (phone number – opt	tional)		
Full Name		ame, address (phone number – opt	tional)		
		ame, address (phone number – opt	tional)		
Full Name		ame, address (phone number – opt	tional)		
Full Name			tional)		
Full Name Mailing Addi		ame, address (phone number – opt	tional)	STATE A	ZIP CODE A
Full Name Mailing Addi	ress		tional) Telephone N		ZIP CODE A
Full Name Mailing Addi	ress				ZIP CODE A
Full Name Mailing Add TITLE OR	ress POSITION ▼ r Depositories: L	CITY ▲ ist all banks or other depositories i	Telephone N	lumber	
Full Name Mailing Adda TITLE OR LITTLE OR Banks or Other safety deposit be	ress POSITION ▼	CITY ▲ ist all banks or other depositories i	Telephone N	lumber	
Full Name Mailing Add TITLE OR	ress POSITION ▼ r Depositories: L	CITY ▲ ist all banks or other depositories i	Telephone N	lumber	
Full Name Mailing Addi TITLE OR Banks or Other safety deposit b Name of Bank,	ress	CITY ▲ ist all banks or other depositories i	Telephone N	lumber	
Full Name Mailing Addi TITLE OR Banks or Other safety deposit book Name of Bank, Depository, etc.	ress	CITY ▲ ist all banks or other depositories i	Telephone N	lumber	
Full Name Mailing Addi TITLE OR Banks or Other safety deposit book Name of Bank, Depository, etc.	ress	CITY ▲ ist all banks or other depositories i	Telephone N	lumber	

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Banks or Other Deposito safety deposit boxes or material boxes or material boxes or material boxes. Name of Bank, Depository, etc. Mailing Address						
safety deposit boxes or ma Name of Bank, Depository, etc.						
safety deposit boxes or ma						
		·				
		nks or other depositories	in which the co	mmittee deposi	ts funds, ho	olds accounts, rents
			Telephon	ne Number		
TITLE OR POSITION	▼	CITY A		STATE A		ZIP CODE A
Mailing Address						
Full Name						
Designated Agent: Identify		ress (phone number – op				<u> </u>
	d Organization	Affiliated Committee	¥ Joint Fundra	aising Represent	ative	Leadership PAC Spo
Relationship:	. JABOTO	CITY ▲		STATE A	3200	ZIP CODE A
	Foxboro			, , MA ,	, 0203	5
Mailing Address	124 Washing Suite 101	jton Street				
Duckworth Illinois	Victory Fur	nd 				
Name of Any Connected	Organization, /	Affiliated Committee, Joi	nt Fundraising	Representativ	e, or Lead	ership PAC Sponso
4.			FE	C ID number	C	
3.			 FE	C ID number	C	
			 , ,	C ID number	С	
1				C ID number	C	