Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Betsy Dirksen Londrigan for Congress PO Box 275 ADDRESS (number and street) (Check if address is changed) Springfield 62705-0275 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vwinpisinger@gmail.com (Check if address is changed) Optional Second E-Mail Address treasurer@betsydirksenlondrigan.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.betsydirksenlondrigan.com (Check if address is changed) DATE 2020 C00649483 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. Wise, Cheryl, , , Type or Print Name of Treasurer Wise, Cheryl,,, [Electronically Filed] Date 80 26 2020 Signature of Treasurer 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

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Can	e of didate	Londrigan, Betsy, Dirksen, ,	
	didate y Affiliati	on DEM Office Sought: X House Senate President	State IL District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(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	t 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.		

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Write or Type Committee Nar		. ago o
Betsy Dirksen	Londrigan for Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
Hold the House Victo		•
Tiold the House victo		
Mailing Address	430 South Capitol Street, SE	
Mailing Address	2nd Floor	
	Washington	20003
	CITY STATE	ZIP CODE
_	SIAIL	Zii GODE
Relationship: Connect	eted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
	nger, Vickie, , ,	1
Full Name	PO Box 83142	
Mailing Address		
	Gaithersburg , MD	, ,20883
	Gaithersburg MD	
Title or Position	CITY STATE	ZIP CODE
Compliance Officer		301 - 947 - 0278
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committed., assistant treasurer).	tee; and the name and address of
Full Name Wise, Ch	heryl, , ,	1
of Treasurer	J1023 W. Woodland	
Mailing Address	1025 VV. VVOOdialiu	
	Springfield	62704
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes Name of Bank, Depo	ository, etc. ONC Bank 2007 S MacArthur Blvd.	
safety deposit boxes Name of Bank, Depo	or maintains funds. OSITORY, etc. ONC Bank	
safety deposit boxes Name of Bank, Depo	ository, etc. ONC Bank 2007 S MacArthur Blvd.	ZIP CODE
safety deposit boxes Name of Bank, Depo	Sor maintains funds. OSITORY, etc. PNC Bank 2007 S MacArthur Blvd. Springfield CITY STATE	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ONC Bank 2007 S MacArthur Blvd. Springfield CITY STATE Ository, etc.	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. Ository, etc. PNC Bank 2007 S MacArthur Blvd. Springfield CITY STATE Ository, etc.	
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n). Joint Fundraising	Participant:		0
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
Illinois Democrats	2020 		
Mailing Address	918 Pennsylvania Avenue, SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
O	Organization Affiliated Committee X Join		
Connected	Organization Alimated Committee John	nt Fundraising Representa	ative Leadership PAC S
	by name, address (phone number – optional)	it Fundraising Representa	Leadership PAC S
		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identify		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Anks or Other Depositor fety deposit boxes or main arme of Bank, Citiban	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or main arme of Bank, Citiban epository, etc.	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or main arme of Bank, Citiban epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds. k, NA	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrandrigan 2020 Victory Fund	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 83142		
		Gaithersburg	MD	20883
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	1 Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY	STATE A	ZID CODE A
	TITLE OR POSITION	▼ CITY ▲	SIAIE	ZIP CODE ▲
		Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank,	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Depository, etc. Mailing Address			

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4		FEC ID number	C
6.	Name of Any Connected Women's Wave III	Organization, Affiliated Committee, Joint Fundrai	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 83142		
		Gaithersburg	MD	20883
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OF POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	▼	SIAIL	ZIF CODE A
	IIILE OR POSITION	•	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Tele	ephone Number	
9.	Banks or Other Depositor	Tele	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Tele	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	ephone Number	

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(h). Joint Fundraisir	g . ao.panti		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected House Victory Pro	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
Mailing Address	918 Pennsylvania Avenue, SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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h). Joint Fundraisi	ng Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Second Service \	Victory Fund		
Mailing Address	2910 E Gary Way		
	Phoenix	AZ	85042
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
i iolationship.			
		Fundraising Representa	ative Leadership PAC S
Connecte		Fundraising Represent	ative Leadership PAC S
Connecte	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC S
Connecte	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi Full Name	ed Organization Affiliated Committee	Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi Full Name	Affiliated Committee	Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Affiliated Committee Joint To provide the second of the sec	Fundraising Represent	
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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	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connector	Organization, Affiliated Committee, Joint Fund	reining Depresentative	o or Londovokin DAC Snon
Nadler Victory Fu		laising nepresentative	e, or Leadership FAC Spon
Mailing Address	200 WEST 79TH STREET, #8N		
	NEW YORK	NY	10024
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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