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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|----------------------------|----|--------|------------------|---|-----------|------|----|---------|--|
| | Salvi, Kathy, Raye, , | | | | | | | | | | |
| | (b) Address (number and street) 325 W. Washington Street Suite 401 | ☐ Check if address changed | | | | Candidate's FEC Identification Number S2IL00267 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | Ne | •W | A | Amended | |
| | Waukegan | Waukegan IL 60085 | | | | Stateme | ent 🗶 (N) |) OR | (/ | A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Dist | rict of Candida | ate | | | | |
| | REPUBLICAN PARTY | Senate | | | IL | 00 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| Kathy Salvi for US Senate | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (b) Address (number and street) 325 W. Washington Street | | | | | | | | | | |
| | Suite 401 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | | | | | | 00005 | | | | | |
| | Waukegan | | | | IL | 60085 | | | | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | | | | | | | | | | | |
| Leartify that I have examined this Statement and to the hest of my knowledge and helief it in true, correct and complete | | | | | | | | | | | |
| _ | I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | | | | |
| Signature of Candidate | | | | | | Date | | | | • | |
| Sc | ılvi, Kathy, , , | | | [Elect | ronically Filed] | 03/02/202 | 2 | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)