## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 3

| 1. (a) Name of Candidate (in full)   |                            |                   |                      |  |  |  |
|--|----------------------------|-------------------|----------------------|--|--|--|
| Ives, Jeanne, , ,  |                            |                   |                      |  |  |  |
| (b) Address (number and street)<br>903 S Hale St   | □ Check if address changed |                   | ed                   | 2. Candidate's FEC Identification Number<br>H0IL06060                |  |  |
| (c) City, State, and ZIP Code  |                            |                   |                      | 3. Is This New Amended   |  |  |
| Wheaton  |                            | IL 60             | 189-6409             | Statement (N) OR X (A)   |  |  |
| 4. Party Affiliation   | 5. Office Sought           |                   | 6. State & Dist      | rict of Candidate  |  |  |
| REPUBLICAN PARTY   | House                      |                   | IL                   | 06   |  |  |
| DE   | SIGNATION OF               | PRINCIPA          |                      |  |  |  |
| 7. I hereby designate the following nar  | ned political committee    | as my Princip     | al Campaign Comn     | nittee for the $\frac{2020}{(\text{year of election})}$ election(s). |  |  |
| NOTE: This designation should be f   | iled with the appropriate  | e office listed i | n the instructions.  |  |  |  |
| (a) Name of Committee (in full)  |                            |                   |                      |  |  |  |
| Jeanne for Congres   | S                          |                   |                      |  |  |  |
| (b) Address (number and street)<br>PO Box 1504   |                            |                   |                      |  |  |  |
| (c) City, State, and ZIP Code  |                            |                   |                      |  |  |  |
| Wheaton  |                            |                   | IL                   | 60187-1500   |  |  |
|  |                            |                   |                      |  |  |  |
|  |                            | g Joint Fundrai   | sing Representative  |  |  |  |
| NOTE: This designation should be f   | iled with the principal ca | ampaign comn      | nittee.              |  |  |  |
| (a) Name of Committee (in full)<br>Freedomworks Victo<br>(b) Address (number and street) | ory 2020                   |                   |                      |  |  |  |
| PO Box 26141   |                            |                   |                      |  |  |  |
| (c) City, State, and ZIP Code  |                            |                   |                      |  |  |  |
| Alexandria   |                            |                   | VA                   | 22313-6141   |  |  |
| I certify that I have exa  | mined this Statement a     | nd to the best    | of my knowledge a    | nd belief it is true, correct and complete.                          |  |  |
| Signature of Candidate   |                            |                   |                      | Date   |  |  |
| Ives, Jeanne, , ,  |                            | [El               | lectronically Filed] | 07/29/2020   |  |  |
| NOTE: Submission of false, erroneous,  | or incomplete informat     | ion may subje     | ct the person signir | ng this Statement to penalties of 2 U.S.C. §437g.                    |  |  |
|  |                            |                   |                      |  |  |  |
|  |                            |                   |                      |  |  |  |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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)                 |    |            |
|---|----|------------|
| Jeanne Victory Fund                             |    |            |
| (b) Address (number and street)<br>PO Box 30844 |    |            |
| (c) City, State, and ZIP Code<br>Bethesda       | MD | 20824-0844 |

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)                 |    |       |
|---|----|-------|
| IVES FOR IL-06                                  |    |       |
|   |    |       |
| (b) Address (number and street)<br>PO BOX 30844 |    |       |
| (c) City, State, and ZIP Code                   |    |       |
| BETHESDA  | MD | 20824 |

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.

| MD | 20824-0844 |
|----|------------|
|    | MD         |

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)                 |    |            |   |
|---|----|------------|---|
| Jeanne Victory Fund                             |    |            |   |
| -   |    |            |   |
| (b) Address (number and street)<br>PO Box 30844 |    |            |   |
|   |    |            |   |
| (c) City, State, and ZIP Code                   |    |            | — |
| Bethesda  | MD | 20824-0844 |   |
|   |    |            |   |

Image# 202007299261175453

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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)                  |    |       |  |
|--|----|-------|--|
| CRUZ 20 FOR 20 VICTORY FUND                      |    |       |  |
| (b) Address (number and street)<br>PO BOX 341027 |    |       |  |
| (c) City, State, and ZIP Code                    |    |       |  |
| AUSTIN   | ТХ | 78734 |  |

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.

| (b) Address (number and street) |  |      |
|---------------------------------|--|------|
|                                 |  |      |
| (c) City, State, and ZIP Code   |  | <br> |

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) Nam | e of Comm | littee (in full) |  |
|---------|-----------|------------------|--|
|---------|-----------|------------------|--|

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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