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. Nikki For Congress PO Box 5171 ADDRESS (number and street) (Check if address is changed) Springfield 62705 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@capcompliance.com is changed) Optional Second E-Mail Address ross@nikkiforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://nikkiforcongress.com/ (Check if address is changed) DATE 2024 C00787812 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. Type or Print Name of Treasurer Kopel, Carolyn,, Date 04 05 2024 Signature of Treasurer Kopel, Carolyn,,, 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 tinformation below.)	the candidate
Name of Candidate Budzinski, Nikki, , ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State IL District 13
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	300
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democration or subordinate) committee of the Republication	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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 I	PAC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
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	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
۷	Vrite or Type Committee Name		_
<u> </u>	Nikki For Congre	SS ganization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	Budzinski Victory Fur		
		DO Dov 5474	
	Mailing Address	PO Box 5171	
		Springfield IL (6)	62705
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in p	ossession of committee
	Nissen, Me	lissa	
	Full Name		
	Mailing Address	600 Pennsylvania Ave SE	
		<b>#</b> 15180	
		Washington DC 2	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
 3.		d address (phone number optional) of the treasurer of the committee; and	the name and address of
	any designated agent (e.g., a	ssistant treasurer).	
	Full Name Kopel, Card of Treasurer	olyn, , ,	
		PO Box 5171	
	Mailing Address		
		Springfield   IL   16	62705
		Springfield	62705
	Title or Position -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼    Treasurer	1 202	ı ı 544 ı ı 6960 ı
		Telephone number	

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Full Name of Designated Agent	Nissen, Melissa, , ,		
Mailing Address	600 Pennsylvania Ave SE		
	#15180		
	Washington	DC 20	0003
Title on Decition	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position  Assistant Treasu		e number 202	- 544 - 6960
. Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the conxes or maintains funds.	nmittee deposits funds,	holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC 20	006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	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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h). <b>Joint Fundrais</b> i	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Craig Budzinski Vict	ory Fund		
Mailing Address	600 Pennsylvania Ave SE		
	Unit 15180		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
Connect			ative Leadership PAC Sp
Connecte con			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional	STATE A	
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposit	ify by name, address (phone number – optional limits)  CITY   Ories: List all banks or other depositories in which is the state of the	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n	ify by name, address (phone number – optional limits)  CITY   Ories: List all banks or other depositories in which is the state of the	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposit	ify by name, address (phone number – optional CITY ▲  CITY ▲  ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	ify by name, address (phone number – optional CITY ▲  CITY ▲  ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A  s funds, holds accounts, rent
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n  ame of Bank, epository, etc.	CITY A  cories: List all banks or other depositories in what an animal stands.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A  s funds, holds accounts, rent
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n  ame of Bank, epository, etc.	CITY A  cories: List all banks or other depositories in what an animal stands.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A  s funds, holds accounts, rent

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
_	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Democracy Summer	2024		
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee X Jo		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of Journal of States (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Journal of Journal of States (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A