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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|---|---|----------------------------|----------------|-----------------|------------------|--|--|--|--|--|
| | Duckworth, L. Tammy, , , | | | | | | | | | |
| | (b) Address (number and street) PO Box 10793 | ☐ Check if address changed | | | | Candidate's FEC Identification Number S6IL00292 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amended | | | | |
| | Chicago | | IL | 60610 | - | Statement (N) OR (A) | | | | |
| 4. | Party Affiliation | 5. Office Soug | ht | | | trict of Candidate | | | | |
| | DEMOCRATIC PARTY | Senate | | | IL | | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election) | | | | | | | | | |
| | NOTE: This designation should be | filed with the ap | propriate offi | ce listed in th | ne instructions. | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | Tammy for Illinois | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO Box 10793 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | Chicago | | | | IL | 60610 | | | | |
| | | | | | | | | | | |
| | DE | SIGNATIO | N OF OT | | THODIZED | COMMITTEES | | | | |
| | DL | | | | g Representativ | | | | | |
| • | | | | | | | | | | |
| 8. | candidacy. | med committee, | which is NO | i my principa | ai campaign coi | mmittee, to receive and expend funds on behalf of my | | | | |
| | NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| Duckworth Victory Fund | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | 124 Washington Street | | | | | | | | | |
| _ | Suite 101 (c) City, State, and ZIP Code | | | | | | | | | |
| | Foxboro | | | | MA | 02035 | | | | |
| | | | | | | | | | | |
| 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 | | | | |
| Duckworth, L. Tammy, , , | | | | | | 08/11/2025 | | | | |
| | | | | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | |
| | OTE: Gubinission of false, enoneous | s, or incomplete | | | ne person signi | ng this Statement to penalties of 2 U.S.C. §437g. | | | | |
| | OTE. Submission of false, enoneous | s, or incomplete | - Internation | nay subject ti | le person signi | 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

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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) Illinois Victory 2016 | | | | | | | | |
| | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | 120 Maryland Ave NE | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Washington D | C | 20002 | | | | | | |
| 8. | 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) | | | | | | | | |
| | Duckworth Kim Victory Fund | | | | | | | | |
| | (b) Address (number and street) 124 Washington Street Suite 101 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Foxboro MA | 4 | 02035 | | | | | | |
| 8. | 8. I hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE: This designation should be filed with the principal campaign (a) Name of Committee (in full) (b) Address (number and street) | | mittee, to receive and expend funds on behalf of my | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| 8. | 8. I hereby authorize the following named committee, which is NOT my principal cacandidacy. NOTE : This designation should be filed with the principal campaign (a) Name of Committee (in full) | | mittee, to receive and expend funds on behalf of my | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |