FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Illinois PO Box 10692 ADDRESS (number and street) (Check if address is changed) Chicago 60610 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address admin@leftfieldcompliance.com is changed) Optional Second E-Mail Address brittany@leftfieldcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ildems.com (Check if address is changed) DATE 2024 C00167015 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 Croke, Patrick, , Date 07 25 2024 Signature of Treasurer Croke, Patrick, , , 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

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the information below.)	e candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperat	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I 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 PA	C).
	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

I	FEC Form 1 (Revised 0)	2/2009)			Page 3
٧	Vrite or Type Committee Name	, of Illinois			
6.	Democratic Party	ganization, Affiliated Committee	a Joint Fundraising Renre	esentative or Leade	rehin PAC Sponsor
0.	DNC/State Party Victor		s, come rundraising riepre	escinative, or Leade	asinp i Ao opolisoi
	Mailing Address	430 S Capitol St SE			
		1			
		Washington		DC 20003	1–1
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiz	ation X Joint Fundraising		Leadership PAC Sponso
	Tielationship.	Organization Anniated Organiza	ation oont rundraising	Пергезептатіче	Leadership 1 Ao oponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone numb	er optional) and position c	f the person in posses	sion of committee
	Doyle, Britta	any, , ,			
	Full Name				
	Mailing Address	PO Box 441376			
		Indianapolis		IN	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone num	nber	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optionssistant treasurer).	onal) of the treasurer of the	committee; and the r	name and address of
	Full Name Croke, Patr	ick, , ,			
	of Treasurer	PO Box 10692			
	Mailing Address				
		Chicago		IL 60610	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	nber 217 - [546 7404

FEC F	orm 1 (Revised 02/2009)	Page 4
Full Name Designated Agent	of	
Mailing Add	ress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Pos	ition ▼	
	Telephone number	-
. Banks or C safety depo	Other Depositories: List all banks or other depositories in which the committee deposits funds sit boxes or maintains funds.	, holds accounts, rents
Name of Ba	ank, Depository, etc.	
	Amalgamated Bank	
Mailing Add	ress 275 Seventh Ave	
	New York 10	0010
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Ba	ank, Depository, etc.	
	CitiBank	
Mailing Add	ress 500 W Madison St	
	Chicago	0661
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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		FEC ID number	
		LO ID Hamber	C
		FEC ID number	С
		FEC ID number	С
		FEC ID number	С
d Organization, Affiliated Commit	tee, Joint Fundraisi	ng Representative	e, or Leadership PAC Spon
ots Victory Fund			
430 South Capitol St SE			
Washington		DC	20003
CITY A		STATE ▲	ZIP CODE ▲
ry by name, address (phone namb	ei – optional)		
<u> </u>			
		STATE A	ZIR CODE A
CITY A		STATE A	ZIP CODE A
	oots Victory Fund 430 South Capitol St SE Washington CITY and Affiliated Communication	oots Victory Fund 430 South Capitol St SE Washington CITY	430 South Capitol St SE Washington CITY ▲ STATE ▲ ed Organization Affiliated Committee X Joint Fundraising Representation

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

Page ___ **of** _____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Lauren Underwood	Victory Fund		
	918 Pennsylvania Ave SE		
Mailing Address			
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Sp
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint J	nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joint J		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
-	_	nmittee, Joint Fundrai	sing Representativ	e, or Leadership PAC Spons
Friends of State Der	nocratic Parties			
Mailing Address	114 Beauchamp Lane			
	Lafayette		LA LA	70506
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
	fy by name, address (phone n		undraising Represent	ative Leadership PAC Spo
Designated Agent: Identi			undraising Represent	ative Leadership PAC Spo
Designated Agent: Identi			undraising Represent	ative Leadership PAC Spo
Designated Agent: Identi			undraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone n	umber – optional)		
Designated Agent: Identi	fy by name, address (phone n	umber – optional)	STATE A	Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone n	umber – optional)		
Designated Agent: Identi Full Name	fy by name, address (phone not	umber – optional) Tele lepositories in which the	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone not	umber – optional) Tele lepositories in which the	STATE A	ZIP CODE A

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

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g) or (h). Joint Fundraisi i	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fundrai	ising Representativ	e, or Leadership PAC Sponsor
Bill Foster Victory Fu	ınd 2024		
Mailing Address	600 Pennsylvania Avenue SE		
Walling Address	j #15180		
	Washington	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
nelalionship.	CITY	SIAIE	ZIP CODE A
	ed Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)		
Designated Agent: Identif	fy by name, address (phone number – optional) CITY	STATE A	ative Leadership PAC Sponso
Designated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	C
ame of Any Connected Organization, Affiliate Budzinski Victory Fund Mailing Address Suite 143 Washington Relationship: Connected Organization At the signated Agent: Identify by name, address (not be signated Agent) Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: List all banks or afety deposit boxes or maintains funds. ame of Bank, epository, etc.		FEC ID number	
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Mailing Address 611 Pennsylvania A Suite 143 Washington Connected Organization Ailing Address Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: List all banks or afety deposit boxes or maintains funds. ame of Bank, epository, etc.	ed Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Relationship: Connected Organization Resignated Agent: Identify by name, address (Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List all banks or afety deposit boxes or maintains funds. ame of Bank, epository, etc.			
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epository, etc.			
Mailing Address			
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Lining			1 1 1

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

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1	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
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lame of Any Connected Eric Sorensen Victory	Organization, Affiliated Committee, Joint Fo	undraising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Ave SE		
	Suite 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE A
1	CITY ▲	STATE Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	g Participant:		
1		FEC ID number	С
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3.		FEC ID number	С
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Name of Any Connected	Organization, Affiliated Committee, Joint Fo	undraining Panyagantati	re ay Landayahin DAC Shana
Team Raja Victory Fu		indiaising nepresentativ	e, or Leadership FAC Spons
Mailing Address	PO BOX 681202		
	Schaumburg		60168
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected Designated Agent: Identify	Affiliated Committee X by name, address (phone number – optiona	Joint Fundraising Represen	
Designated Agent: Identify Full Name			
Designated Agent: Identify			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name	by name, address (phone number – optiona		
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Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optiona		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
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ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spon
Harris Victory Fund			
Mailing Address	430 South Capitol Street SE		
J J			
	Washington	l DC l	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
esignated Agent: Identi	y by name, address (phone number – optional	Joint Fundraising Represent	
esignated Agent: Identi			
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cories: List all banks or other depositories in waintains funds.	STATE Telephone Number hich the committee deposi	ZIP CODE A ts funds, holds accounts, rent