FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) Sorensen, Eric, , ,						
	(b) Address (number and street)	ПС	heck if addre	ss changed		2. Candidate's FEC Identification Number	
	PO Box 1172		area a a a a a a a a a a a a a a a a a a	oo onangoa		H2IL17147	
	(c) City, State, and ZIP Code					3. Is This New Amend	ded
	Moline		IL	6126	-	Statement (N) OR X (A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug	ght		6. State & Dis	trict of Candidate 17	
	DEMOCRATIC PARTY	House			IL	17	
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7.	I hereby designate the following r	named political co	mmittee as m	ny Principal (Campaign Com	mittee for the $\frac{2026}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be	e filed with the ap	propriate offi	ce listed in th	ne instructions.		
	(a) Name of Committee (in full)						
	Eric Sorensen for I	Ilinois					
	(b) Address (number and street)						
	PO Box 1172						
	(c) City, State, and ZIP Code						
	Moline				IL	61265	
	n	ESIGNATIO	N OF OT			COMMITTEES	
					g Representativ		
0	I haraby authorize the following n	·				•	
0.	candidacy.	amed committee,	, WILICIT IS INO	т тту рттыр	ai campaign coi	nmittee, to receive and expend funds on behalf of m	ıy
	NOTE: This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Eric Sorensen Victory Fund						
	(b) Address (number and street)						
	611 Pennsylvania Avenue S	SE					
	Suite 143 (c) City, State, and ZIP Code						
	Washington				DC	20003	
	vvaonington					2000	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Si	gnature of Candidate					Date	
Se	orensen, Eric, , ,					11/22/2024	
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing 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)

	(including some rundral	ising nepreser	matives)						
3.	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)								
	314 Action Impact Slate 2022	314 Action Impact Slate 2022							
	(b) Address (number and street)								
	122 C St NW								
	Suite 360 (c) City, State, and ZIP Code								
	Washington	DC	20001						
3.		hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)								
	House Victory Project 2022								
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal candidacy. Name of Committee (in full)								
	SEEC VICTORY FUND								
	(b) Address (number and street) PO BOX 15320								
	(c) City, State, and ZIP Code								
	WASHINGTON	DC	20003						
3.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal came								
	(a) Name of Committee (in full)								
	314 ACTION IMPACT SLATE								
	(b) Address (number and street) PO BOX 14560								
	(c) City, State, and ZIP Code								
	WASHINGTON	DC	20044						

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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	DESIGNATION OF OT (Including Jo	THER AUTHORIZE int Fundraising Representa				
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)					
	END CITIZENS UNITED - PRIORITY 2	024				
	(b) Address (number and street)					
	122 C STREET NW					
	SUITE 360 (c) City, State, and ZIP Code					
	WASHINGTON	DC	20001			
8.	I hereby authorize the following named committee, which is NC	DT my principal campaign c	committee, to receive and expend funds on behalf	of my		
	candidacy. NOTE: This designation should be filed with the prin	ncipal campaign committee) .			
	(a) Name of Committee (in full)					
	EQUALITY PROJECT 2024					
	(b) Address (number and street)					
	PO BOX 15320					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20003			
_		· · · · · ·		,		
8.	I hereby authorize the following named committee, which is NC candidacy. NOTE : This designation should be filed with the pri			of my		
	(a) Name of Committee (in full)					
	DEMOCRACY SUMMER 2024					
	(b) Address (number and street)					
	600 PENNSYLVANIA AVE SE #15180					
	(a) City Ctata and 7ID Coda					
	(c) City, State, and ZIP Code WASHINGTON	DC	20003			
	WASHINGTON	<u> </u>	20003			
8.	I hereby authorize the following named committee, which is NC candidacy. NOTE : This designation should be filed with the prince			of my		
	(a) Name of Committee (in full)					
	Budzinski Sorensen Victory Fund					
	(b) Address (number and street)					
	PO Box 1172					
	(c) City, State, and ZIP Code					
	Moline	IL	61265			

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)

0.	candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full) GENERATION 18 (b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180						
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						
8.	i. I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the princ (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						