Only

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STATEMENT OF **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. Tammy for Illinois PO Box 10793 ADDRESS (number and street) (Check if address is changed) Chicago 60610 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@tammyduckworth.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tammyduckworth.com (Check if address is changed) DATE 2022 C00574889 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 07 06 2022 Signature of Treasurer Date 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	C Form 1 (Revised 03/2022)	Page <b>2</b>
	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 cainformation below.)	ındidate
	Name of Candidate Duckworth, L. Tammy, , ,	
	Candidate Party Affiliation DEM Office Sought: House Fresident	State IL District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc	.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	Membership Organization Trade Association Cooperative	
	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 fur committee. (i.e., nonconnected committee)	nd 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 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 or monotonic committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or monotomittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Committees Participating in Joint Fundraiser	
	1	

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۱۸	FEC Form 1 (Revised 02  Write or Type Committee Name	./2009)	Page <b>3</b>
V	Tammy for Illing	nis	
6.	<b>-</b>	ganization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	Duckworth Victory Fu	nd	1
	Mailing Address	124 Washington Street	
		Suite 101	
		Foxboro	02035
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	ve Leadership PAC Sponso
			_
 7.	Custodian of Pacards: Identii	y by name, address (phone number optional) and position of the person in	n necession of committee
<i>'</i> .	books and records.	y by hame, address (phone number optional) and position of the person in	in possession of committee
	Lowey, Keitl	n, D., ,	
	Full Name		
	Mailing Address	124 Washington Street, Suite 101	
		Foxboro   MA	02035
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		8     543     1720
	Treasurer	Telephone number	
8.	<b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Lowey, Keit	ı, D., ,	
	of Treasurer		
	Mailing Address	124 Washington Street, Suite 101	
		Foxboro	02035
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	8 - 543 - 1720

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Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲			
	Telephone number				
	Depositories: List all banks or other depositories in which the committee deposits funds es or maintains funds.	, holds accounts, rents			
Name of Bank, De	epository, etc.				
ı	Amalgamated Bank				
Mailing Address	1825 K St NW				
	Washington DC 20	0006			
	CITY ▲ STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.					
I	Self-Help Federal Credit Union				
Mailing Address	645 East 87th Street				
	Chicago IL 60	0619			
	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). Joint Fundraisir	ıg Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representativ	ve, or Leadership PAC Sponso
Mailing Address	120 Maryland Ave NE		
Relationship:	Washington CITY ▲	DC STATE A	20002
			211 0002 2
Designated Agent: Identif	y by name, address (phone number – optiona	Joint Fundraising Represen	tative Leadership PAC Spo
Designated Agent: Identif			tative Leadership PAC Spo
Designated Agent: Identif			tative Leadership PAC Spo
Designated Agent: Identif			tative Leadership PAC Spo
Designated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optiona		tative Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optiona		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositors  Figure 1. The period of the period	y by name, address (phone number – optiona  CITY   CITY   Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in what aintains funds.  The standard standa	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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1		FEC ID number	C
		1 EO ID Hamber	0
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundenate Victory Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	124 Washington Street		
	Suite 101		1
		ı ı MA ı	02035
	Foxboro		
	CITY A	STATE ▲  nt Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
connecte  resignated Agent: Identif	CITY ▲ d Organization Affiliated Committee	STATE ▲	
Connecte  Designated Agent: Identif	CITY ▲ d Organization Affiliated Committee	STATE ▲	
connecte  resignated Agent: Identif	CITY ▲ d Organization Affiliated Committee	STATE ▲	
resignated Agent: Identification  Full Name  Mailing Address	CITY A  d Organization Affiliated Committee   y by name, address (phone number – optional)	STATE Ant Fundraising Representa	Leadership PAC Sp
Connecte  Pesignated Agent: Identif	CITY   d Organization  Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   CITY   CITY	STATE ▲	

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

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5(g)	or(h). <b>Joint Fundraisin</b> ç	g Participant:			
	1		FEC I	D number	C
	2.		FEC I	D number	C
	3.		FEC I	D number	C
	4		FEC I	D number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Re	presentativ	e, or Leadership PAC Sponsor
	Mailing Address	124 Washington Street			
		Suite 101			
		Foxboro		MA	02035
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	nt Fundraisir	g Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)			
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone N	Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the comm	ittee deposi	es funds, holds accounts, rents
	Mailing Address				
		CITY ▲		STATE A	ZIP CODE ▲