Only

ORGANIZATION

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STATEMENT OF **FEC** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Blue Wave Project PO Box 14172 ADDRESS (number and street) (Check if address is changed) Portland 97293 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janelli@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2019 C00460972 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. Janelli, Steven, , , Type or Print Name of Treasurer Janelli, Steven, , , [Electronically Filed] 04 02 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	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. (Compinformation below.)	plete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		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 segment of the supports of the support	aregated fund or party
(1)	×	committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)		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.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEO F 1 (D. :	4 03(3000)	D 2
FEC Form 1 (Revised Write or Type Committee Nat		Page 3
Blue Wave Pro	•	
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
Merkley, Jeffrey, , ,	<u> </u>	
Mailing Address	PO Box 14172	
Mailing Address		
	Portland	97293
	CITY STAT	E ZIP CODE
	CITY STAT	E ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Repres	sentative x Leadership PAC Sponso
Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the	ne person in possession of committee
	Steven, , ,	
Full Name	PO Box 14172	
Mailing Address		
	Portland	, ,97293
	Portland OR	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the commi, assistant treasurer).	ittee; and the name and address of
	Steven, , ,	
of Treasurer	PO Box 14172	
Mailing Address		
	Portland OR	
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

Full Name of Designated Agent	Nissen, Melissa, , ,	
Mailing Address	918 PENNSYLVANIA AVE SE	
	Washington DC 20003 CITY STATE ZIP	CODE
Title or Position Assistant Treasu	urer Telephone number	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.	counts, rents
Name of Bank, [
	Columbia Bank	
Name of Bank, E	Columbia Bank	
	Columbia Bank	
	Columbia Bank 1234 SE MLK Jr Blvd Portland OR 97214	CODE
	Columbia Bank 1234 SE MLK Jr Blvd Portland OR 97214 CITY STATE ZIP	
Mailing Address	Columbia Bank 1234 SE MLK Jr Blvd Portland OR 97214 CITY STATE ZIP Depository, etc.	CODE
Mailing Address	Columbia Bank 1234 SE MLK Jr Blvd Portland OR 97214 CITY STATE ZIP Depository, etc.	CODE
Mailing Address Name of Bank, D	Columbia Bank 1234 SE MLK Jr Blvd Portland OR 97214 CITY STATE ZIP Depository, etc.	CODE

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	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
1 1091033 101 010	9011 		
Mailing Address	PO Box 14172		
	Portland	OR	97293
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
Connecte			Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee Join Ty by name, address (phone number – optional)	nt Fundraising Representa	
esignated Agent: Identif	Affiliated Committee Join Ty by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY	nt Fundraising Representa	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the content of t	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Sboro Bank	STATE A	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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1	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Climate Champior	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 14172		
			07000
	Portland 	OR	97293
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	by name, address (phone number – optional)		
Full Name			
Full Name _ _ _ Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		ZIP CODE A
Mailing Address TITLE OR POSITION Lanks or Other Depositor afety deposit boxes or mail	CITY A	STATE Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	CITY A	STATE Telephone Number	