PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bennet Colorado Victory Fund 122 C Street NW ADDRESS (number and street) Suite 360 (Check if address is changed) Washington DC 20001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address shayne@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00793208 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. Jackson, Sue, , , Type or Print Name of Treasurer Jackson, Sue,,, [Electronically Filed] 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 Only

Local 202-694-1100

FE	EC 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. (Completinformation below.)	ete the candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(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 Repub	ocratic, olican, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
	Corporation Corporation w/o Capital Stock Lat	bor Organization
	Membership Organization Trade Association Co	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybridae)	rid 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 the committees/organizations, at least one of which is an authorized committee of a federal candidate	•
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Committees Participating in Joint Fundraiser	
	BENNET FOR COLORADO  1. C C00458	1398
	DSCC C00042	2366

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	rite or Type Committee Name  Bennet Colorac	do Victory Fund	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the person in posse	ession of committee
	Jackson, S	ıe, , ,	
	Full Name		
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington   DC   2000	1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		592 - 9826
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Jackson, S	Je, , ,	
	of Treasurer		
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington	1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		592 - 9826

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Thoman, Shayne, , ,		
Mailing Address	122 C Street NW		
	Suite 360		
	Washington 	DC	20001
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position			
Assistant Treasu	er Telephone	number	
. Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the comr	nittee deposits fu	ands, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or more safety deposit boxes or more safety depository, etc.  Mailing Address	pries: List all ba	CITY A  anks or other depositorie	Telephone s in which the com		ZIP CODE   ZIP CODE   ts funds, holds accounts, rent
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or manner of Bank, Depository, etc.	pries: List all ba			STATE A	
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or manner of Bank, Depository, etc.	pries: List all ba			STATE A	
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	pries: List all ba			STATE A	
TITLE OR POSITION	pries: List all ba			STATE A	
TITLE OR POSITION				STATE A	
		CITY A	Telephone	STATE A	ZIP CODE A
		CITY A			ZIP CODE ▲
Mailing Address					
Mailing Address	1				
Mailing Address					
	1				
Designated Agent: Identif	y by name, add	dress (phone number – d	optional)		
				ing riepieseni	Leadership FAC Sp
	ed Organization	Affiliated Committee	loint Eundraid	ing Represent	
Relationship:		CITY A		STATE A	ZIP CODE A
Mailing Address					
Name of Any Connected	Organization,	Affiliated Committee, J	oint Fundraising F	epresentativ	e, or Leadership PAC Spons
4.					
4				ID number	C
3.				ID number	C
3.			I EEC	ID number	C C00161786
1				ID number	C C00161786