Only

STATEMENT OF

PAGE 1/6

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. Kathy Manning for Congress PO Box 41197 ADDRESS (number and street) (Check if address is changed) Greensboro 27404 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00662577 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 18 2020 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

		4 (7)	D .
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate	Manning, Kathy, , ,	
	didate / Affiliati	on DEM Office Sought: * House Senate President	State NC District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.		

FEC Form 1 (Revised (02/2000)	Page 3
Write or Type Committee Name		i age 🗸
Kathy Manning		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Kathy Manning Victory		
ratily Mailing Victory	, , , , , , , , , , , , , , , , , , , ,	
Mailing Address	611 Pennsylvania Ave SE	
	Num 143	
	Washington DC 20003	-
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Jackson, S	Sue, , ,	1
Full Name	₁ 514 Daniels St	
Mailing Address	Suite 286	
	Raleigh , NC , 27605	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 919	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 nar assistant treasurer).	ne and address of
Full Name Jackson, S	Sue, , ,	
Mailing Address	514 Daniels St	
	Suite 286	
	Raleigh	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer	Telephone number 919 - 5	9826

FEC Forn	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc. Amalgamated Bank	
safety deposit bo	Depository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc. Bank of America 321 Oberlin Rd	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc. Bank of America 321 Oberlin Rd	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc. Bank of America 321 Oberlin Rd	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc. Bank of America 321 Oberlin Rd	

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

ization, Affiliated Committee, Joi OMEN'S PAC 4 DANIELS STREET IM 286 LEIGH CITY Anization Affiliated Committee ame, address (phone number – op	FE F	EC ID number EC ID number EC ID number EC ID number G Representative NC STATE	27605 ZIP COI	- L DE 🛦
DMEN'S PAC 4 DANIELS STREET JM 286 LEIGH CITY Affiliated Committee	int Fundraising	Representative NC STATE	C C Ze, or Leadership PAC ZIP COL	- L DE 🛦
DMEN'S PAC 4 DANIELS STREET JM 286 LEIGH CITY Affiliated Committee	int Fundraising	Representative NC STATE	re, or Leadership PAC	- L DE 🛦
DMEN'S PAC 4 DANIELS STREET JM 286 LEIGH CITY Affiliated Committee	int Fundraising	g Representative NC STATE	27605 ZIP COL	- L DE 🛦
DMEN'S PAC 4 DANIELS STREET JM 286 LEIGH CITY Affiliated Committee	X Joint Fundr	NC STATE A	27605 ZIP COI	- L L L
JM 286 LEIGH CITY Affiliated Committee		STATE A	ZIP COI	
JM 286 LEIGH CITY Affiliated Committee		STATE A	ZIP COI	
LEIGH CITY ▲ nization Affiliated Committee		STATE A	ZIP COI	
CITY ▲ nization Affiliated Committee		STATE A	ZIP COI	
Affiliated Committee				
_				
				-
CITY A		STATE ▲	ZIP CODE	Ξ ▲
	Telepho	ne Number		- 📖
		Telepho	Telephone Number List all banks or other depositories in which the committee depos	Telephone Number == ist all banks or other depositories in which the committee deposits funds, holds account

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

5(g)	or(h). Joint Fundraising	Participant:					
	1.			FEC ID	number	C	
	2.			FEC ID	number	С	
	3.			FEC ID	number	C	
	4.			FEC ID	number	C	
6.	Name of Any Connected C	Organization, Affiliated C	committee, Joint Fur	ndraising Repr	esentative	e, or Leadership PAC Sponso	or
	Mailing Address	918 PENNSYLVANIA AV	/E SE				
		WASHINGTON			DC	20003	
	Relationship:		CITY A		STATE A	ZIP CODE ▲	
	Connected	Organization Affiliate	d Committee	oint Fundraising	Panrasanto	ative Leadership PAC Spo	
_				one rundraising	nepresenta	E Education Private ope	onsor
8.	Designated Agent: Identify Full Name	by name, address (phone			nepresenta		onsor
8.		by name, address (phone			nepresenta		onsor
8.	Full Name	by name, address (phone					onsor
8.	Full Name	by name, address (phone		I			onsor
8.	Full Name Mailing Address		e number – optional)				onsor
8.	Full Name				TATE A	ZIP CODE A	nnsor
8.	Full Name Mailing Address		e number – optional)		TATE A		nnsor
8. 9.	Full Name Mailing Address TITLE OR POSITION	CI Cies: List all banks or other	e number – optional)	S Telephone Nu	TATE A		
	Full Name Mailing Address TITLE OR POSITION	CI Cies: List all banks or other	e number – optional)	S Telephone Nu	TATE A	ZIP CODE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CI Cies: List all banks or other	e number – optional)	S Telephone Nu	TATE A	ZIP CODE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CI Cies: List all banks or other	e number – optional)	S Telephone Nu	TATE A	ZIP CODE A	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CI Cies: List all banks or other	e number – optional)	S Telephone Nu	TATE A	ZIP CODE A	