FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Eggman Victory Fund 3220 West Monte Vista Avenue ADDRESS (number and street) #169 (Check if address is changed) Turlock 95380 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2015 C00560292 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. Jay Petterson Type or Print Name of Treasurer Jay Petterson [Electronically Filed] 80 2015 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

FFC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	1 aye 2
Candidat	e 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (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.)	
Joint Fun	draising Representative:	
(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	Egaman for Congress	0543843
2.	California Democratic Party FEC ID number	0105668
3.	FEC ID number	
Δ		

FEO F 1 /D	02/2000)	D 2
FEC Form 1 (Revised Write or Type Committee Nam		Page 3
Eggman Victor	-	develois DAC Co
-	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in	n possession of committee
Jay Pette	erson	
Full Name	119 1st Avenue South	
Mailing Address	Suite 320	
	Seattle WA 981	04
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 682 - 7328
3. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and th assistant treasurer).	e name and address of
Full Name Jay Petter of Treasurer	rson	
Mailing Address	119 1st Avenue South	
	Suite 320	
	Seattle WA 981	04
Title or Position	CITY STATE	ZIP CODE
Treasurer		- 682 - 7328

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc. Bank of America 3601 Stone Way North Seattle WA 98103	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Bank of America 3601 Stone Way North Seattle CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Bank of America 3601 Stone Way North Seattle CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Bank of America 3601 Stone Way North Seattle CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 3601 Stone Way North Seattle CITY STATE	
Name of Bank, I	Depository, etc. Bank of America 3601 Stone Way North Seattle CITY STATE	