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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. Cisneros for Congress P.O. Box 40 ADDRESS (number and street) (Check if address is changed) Placentia 92871 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) https://cisnerosforcongress.com/ (Check if address is changed) DATE 2019 C00650648 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Petterson, Jay, , , Type or Print Name of Treasurer Petterson, Jay, , , [Electronically Filed] 07 10 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 Only Local 202-694-1100

FEC F	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
	te Committee:
(a) *	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Cisneros, Gilbert, , ,
Candidate	
Candidate Party Affilia	ation DEM Office Sought: House Senate President State
	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee: (National, State (Democratic,
(d)	This committee is a or subordinate) committee of the Republican, etc.) Part
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fur	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	
А	

F50.5 4 (D : 1	00(0000)	
FEC Form 1 (Revised Write or Type Committee Nam		Page 3
Cisneros for Co		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
SERVE AMERICA VI	CTORY FUND	
Mailing Address	PO BOX 2013	
Mailing Address	SALEM MA C	01970 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 perso	on in possession of committee
Petterson	n, Jay, , ,	
Full Name	119 1st Avenue South	
Mailing Address	Suite 320	
	Seattle	98104
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	682 7328
B. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Petterson, of Treasurer	ı, Jay, , ,	
Mailing Address	119 1st Avenue South	
	Suite 320	
	Seattle WA !	98104
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
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, holoxes or maintains funds. Depository, etc.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc. Bank of America	
safety deposit bo Name of Bank, I	Depository, etc. Bank of America	
safety deposit bo Name of Bank, I	Depository, etc. Bank of America 160 Yorba Linda Boulevard	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Bank of America	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Bank of America	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Bank of America	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

d Organization, Affiliated Committee, Joint F	FEC ID number	C C C e, or Leadership PAC Spons
RATS III	FEC ID number	C
RATS III	FEC ID number	C
RATS III		
RATS III	undraising Representativ	e, or Leadership PAC Spon
RATS III	undraising Representativ	e, or Leadership PAC Spon
PO BOX 75357		
PO BOX 75357		
PO BOX 75357		
WASHINGTON	DC	20013
CITY A	STATE A	ZIP CODE ▲
ii, sy name, address (priorie name).	,	
	OTATE :	710 0005
CITY A	SIALE	/IP (:()) ⊢ ▲
N ▼ CITY ▲	STATE ▲ Telephone Number	ZIP CODE ▲
	CITY A ted Organization Affiliated Committee ify by name, address (phone number – optiona	CITY A STATE A sted Organization Affiliated Committee Joint Fundraising Represent stify by name, address (phone number – optional)

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
CALIFORNIA CA	NDIDATES VICTORY FUND		
Mailing Address	777 S. FIGUEROA ST.		
	SUITE 4050		
	LOS ANGELES	CA	90017
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identii	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	

FEC Form 1S (Revised 02/2017)

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

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	or other depositories in which	ch the committee de	posits funds, I	nolds accounts, rents
		Telephone Number		
V	1			_
				ZIP CODE ▲
				1 1
by name, address	s (phone number – optional)	1 1 1 1 1 1 1	1 1 1 1	1 1 1 1 1 1 1
d Organization	Affiliated Committee X Jo	oint Fundraising Repre	sentative	Leadership PAC Sp
_	CITY A	STAT	E ^	ZIP CODE ▲
SAN JOSE		CA	951	26
1346 THE ALAM	/IEDA #7-380			
C/O CONTRIBU	TION SOLUTIONS, LLC			
	liated Committee, Joint Fur	ndraising Represent	tative, or Lea	dership PAC Spons
		T LO ID Humi	Jei C	
			-	
			-	
		FFC ID minut		
	C/O CONTRIBU 1346 THE ALAN SAN JOSE d Organization y by name, address	C/O CONTRIBUTION SOLUTIONS, LLC 1346 THE ALAMEDA #7-380 SAN JOSE CITY d Organization	FEC ID number FEC ID	C/O CONTRIBUTION SOLUTIONS, LLC 1346 THE ALAMEDA #7-380 SAN JOSE CITY A STATE A d Organization Affiliated Committee X Joint Fundraising Representative y by name, address (phone number – optional) CITY A STATE A Telephone Number —

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 Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
SCHIFF HOLD T	HE HOUSE 2020		
	1 777 S FIGUEROA STREET, SUITE 4050		
Mailing Address	111 3 FIGUEROA STREET, SUITE 4030		
	LOS ANGELES	CA	90017
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	Leadership PAC Sp
	Affiliated Committee	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: 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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: 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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A