**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) PEOPLE IN RURAL AREAS TRANSFORM ELECTIONS (PIRATE) PAC 122 C STREET NW ADDRESS (number and street) SUITE 360 (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address john@bluewavepolitics.com is changed) Optional Second E-Mail Address sue@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00854430 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. Type or Print Name of Treasurer Jackson, Sue,, 10 25 2023 Signature of Treasurer Jackson, Sue, , , 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

Local 202-694-1100

EC F	m 1 (Revised 03/2022) Page 2				
. TY	OF COMMITTEE:	_			
Candidate Committee:  (a) This committee is a principal campaign committee. (Complete the candidate information below.)					
					(b)
	ne of ndidate				
	ndidate ty Affiliation Office Sought: House Senate President District	=			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	ame of andidate	_			
<b>Pa</b> (d)	/ Committee:  This committee is a (National, State (Democratic,				
(u) —	or subordinate) committee of the Republican, etc.) Party				
(e) (f)	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  Trade Association  Cooperative  In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)	a:			
(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 (Hybrid PAC).  In addition, this committee is a Lobbyist/Registrant PAC.				
Jo	t Fundraising Representative:				
(i)	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.				
(j)	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.				
	ommittees Participating in Joint Fundraiser				
	C				

FEC Form 1 (Revised 02/2009)	
------------------------------	--

FEC Form 1 (Revised 02/2009	Page 3
Write or Type Committee Name	
	ADEAC TRANSFORM FLECTIONS (DIRATE) DAC

	1 201 22 1111101	0 1E 7 11 1E 7 10 11 10 11 10 1 01	WI LLLOI		10,112,1710	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Repr	esentative, or	Leadership PAC Sponsor	 
						-
	Mailing Address	PO BOX 511				Ш
		1				
		SNOW HILL	1	NC I	28580	
						Ш
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	Representative	Leadership PAC Spo	nsoı
					_	
<del></del> 7.	Custodian of Records: Identi	fy by name, address (phone number optic	onal) and position o	of the person in	possession of committee	
	books and records.	, , , , , , , , , , , , , , , , , , ,	, <b>-</b>		<b>,</b>	
	Jackson, S	ue, , ,				
	Full Name					Ш
	Mailing Address	122 C Street NW				
		Suite 360				. 1
		Washington		DC I	20001	
					20001	Ш
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	Treasurer		Telephone nun	919 nber	592 9826	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the	committee; an	d the name and address o	f
	Full Name Jackson, S	ue.				
	of Treasurer					Ш
	Mailing Address	122 C Street NW	1 1 1 1 1 1			
		Suite 360				_
		Weshington		DC	00004	Ш
		Washington		DC	20001	Ш
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	Treasurer		Telephone nun	919	-  592  -  9826	
ı			releptione fluit			

FEC Form 1 (Re	evised 02/2009)		Page <b>4</b>
Full Name of Designated Ro Agent	oberson, John, , ,		
Mailing Address	122 C Street NW		
	Suite 360		
	Washington	DC 2	20001
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
Assistant Treasurer		Telephone number	-
. Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in whice or maintains funds.	h the committee deposits funds	, holds accounts, rents
Name of Bank, Depo	sitory, etc.		
Ar	malgamated Bank		
Mailing Address	1825 K Street NW		
	Washington		0006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲