**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. America 2.0 PAC PO Box 189 ADDRESS (number and street) (Check if address is changed) Niles 44446 ОН 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 2021 C00417584 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 2021 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

(le) This accomplished in an explicit	ipal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party
Political Action Committee (PAC	<b>;</b> ;	
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga	anization Trade Association	Cooperative
In addition,	, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/c committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT a separate cted committee)	segregated fund or party
In addition, this con	mmittee is a Lobbyist/Registrant PAC.	
In addition, this con	mmittee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative	re:	
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for	
committees/organizations,	at least one of which is an authorized committee of a federal candidat	
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in J	loint Fundraiser	
1. [	FEC ID number	
2.	FEC ID number	
3.		

FEC <b>Form 1</b> (Revised (	)2/2009)	Page <b>3</b>
Write or Type Committee Name		. 490
America 2.0 PA		
	Organization, Affiliated Committee, Joint Fundraising Representative, or l	Leadership PAC Sponsor
TIM RYAN VICTORY I		
	DO DOY 400	
Mailing Address	PO BOX 189	
	NILES OH	44446 
	CITY STATE	ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative	
	lov	
Petterson, Full Name		
Mailing Address	401 2nd Avenue South	
	Suite 303	
	Seattle	98104
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 682 _ 7328
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Petterson, of Treasurer	Jay, , ,	
Mailing Address	401 2nd Avenue South	
	Suite 303	
	Seattle WA STATE	98104 ZIP CODE
Title or Position Treasurer	Telephone number	

1						
FEC For	<b>1</b> (Revised 02/2009)					Page <b>4</b>
Full Name of						
Designated Agent						
Mailing Address						
			1 1	. 1 1		_1
		CITY	STA	⊥  ∟ TF	ZIP CC	DF
Title or Position		<b>3</b>	0		2 00	
			Telephone number			- [
Banks or Other	Demonitorios, List all	la a la la compania de la compania de la contra del la contr		apocite fund	ds, holds accou	nts rents
safety deposit be	oxes or maintains funds	banks or other depositories in who.	ich the committee de	eposits func	,	1113, 101113
safety deposit be Name of Bank,	oxes or maintains funds	banks or other depositories in wh	ich the committee d	eposits func		nts, ronts
safety deposit be	oxes or maintains funds Depository, etc.	S.	ich the committee d	eposits func		nis, ronis
safety deposit be	Depository, etc.  Bank of Americ	ca	ich the committee de			
safety deposit be	oxes or maintains funds Depository, etc.	ca	ich the committee de			
safety deposit b Name of Bank,	Depository, etc.  Bank of Americ	ca ora Road	ich the committee de			
safety deposit b Name of Bank,	Depository, etc.  Bank of Americ	ca ora Road			14202	
safety deposit b Name of Bank,	Depository, etc.    Bank of Americal   7217 Aurical   1   1   1   1   1   1   1   1   1	ca ora Road				- L
safety deposit b Name of Bank,	Depository, etc.    Bank of Americal   7217 Aurical   1   1   1   1   1   1   1   1   1	ca ora Road		DH 12		-
safety deposit be Name of Bank,	Depository, etc.  Bank of Americ  7217 Aur  Aurora	ca ora Road		DH 12	14202	-
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Bank of Americ  7217 Aur  Aurora	ca ora Road		DH 12	14202	-
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of Americal   7217 Aurora   Aurora   Aurora   Coepository, etc.	ca ora Road	STA	DH 1	14202 	-
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of Americal   7217 Aurora   Aurora   Aurora   Coepository, etc.	Ca ora Road CITY	STA	DH 1	14202 	-
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of Americal   7217 Aurora   Aurora   Aurora   Coepository, etc.	Ca ora Road CITY	STA	DH 1	14202 	-   _   _   _   _   _   _   _   _   _
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of Americal   7217 Aurora   Aurora   Aurora   Coepository, etc.	Ca ora Road CITY	STA	DH 1	14202 	-   _   _   _   _   _   _   _   _   _

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
RYAN, TIMOTH	<b>(</b> , , ,		
	<sub> </sub> PO BOX 189		
Mailing Address	10 00 109		
	NILES	OH L	44446
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative
	ed Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional)  CITY   Ories: 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.	ify by name, address (phone number – optional)  CITY   Ories: 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.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A