**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. Derek Tran for Congress 10441 Stanford Avenue, #395 ADDRESS (number and street) (Check if address is changed) Garden Grove 92842 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jay@bluewavepolitics.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.derektranforcongress.com/ (Check if address is changed) DATE 2025 C00851790 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 Aarons, Martin,, Aarons, Martin, , , Date 10 15 2025 Signature of Treasurer 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 Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Comple information below.)	ete the candidate
Name of Candidate Tran, Derek, , ,	
Candidate Party Affiliation DEM Office Sought: X House Senate President	State CA  District 45
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	200
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	bor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(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 (Hybridian Committee)	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1	

1	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name  Derek Tran for C	ongress			
6.		ganization, Affiliated Committee	, Joint Fundraising Repre	esentative, or Leade	ership PAC Sponsor
	California House Maj	ority Fund			
	Mailing Address	499 S. Capitol Street SW, Ste 420			
		Washington		DC   20003	
		CITY ▲		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiza	tion X Joint Fundraising	_	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone numbe	er optional) and position c	of the person in posses	ssion of committee
	Full Name Petterson,				
	Mailing Address	401 2nd Avenue South Suite 303			
		Seattle		WA 98104	·
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Assistant Treasurer		Telephone num	nber	682 7328
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number option issistant treasurer).	nal) of the treasurer of the	committee; and the	name and address of
	Full Name Aarons, Ma of Treasurer	ırtin, , ,			
	Mailing Address	10441 Stanford Avenue, #395			
		Garden Grove		CA 92842	2
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲
	Treasurer		Telephone num	916	285

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Petterson, Jay, , ,	
Mailing Address	401 2nd Avenue South	
	Suite 303	
	Seattle   WA	98104
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasu		_   _ 682
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits fundaxes or maintains funds.	ls, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Amalgamated Bank	
Mailing Address	275 7th Avenue	
	New York NY	10001
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
_	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TRAN VICTORY FU	ND 		
Mailing Address	10441 STANFORD AVENUE, #395		
	GARDEN GROVE	CA CA	92842
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joi	int Fundraising Representa	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	by by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ig i ai delpant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
DEMOCRACY SUM	MER 2026		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
Maining / Idanooc			
	WASHINGTON	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
riciationionip.		SIAIL	ZIF GODE A
	Affiliated Committee X Jofy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
		oint Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	cories: List all banks or other depositories in whi aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in whi aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in whi aintains funds.	STATE A  Telephone Number	ZIP CODE A

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(h). <b>Joint Fundraisi</b>	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
JFW FUND	Organization, Affiliated Committee, Joint Fu	ndraising Hepresentativ	e, or Leadersnip PAC Spons
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
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esignated Agent: Identi	by by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identing Full Name  Mailing Address	by by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

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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	C
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
FRONTLINE PROTE	-CTION FUND		
Mailing Address	PO BOX 65322		<u> </u>
	WASHINGTON	DC	20035
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)		
			tive Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   CITY   Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	1030 15TH ST NW		
	#404		
	WASHINGTON	DC	20005
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
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Designated Agent: Identi	by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	by by name, address (phone number – optional)  CITY		
Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposites afety deposit boxes or make the period of Bank, Depository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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3.				FEC ID	) number	С	
4.				   FEC ID	number	С	7 7 7
	-	_	ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership	PAC Spons
BLUE V	VAVE CALIFOR	RNIA VICTORY I	- UND				
Mailin	ng Address	611 PENNSYLVA	NIA AVENUE SE				
		SUITE 143					
		WASHINGTON		1	DC	20003	1-1
Relati	ionship:		CITY ▲		STATE A	ZIP	CODE A
esignated		_	Affiliated Committee	Joint Fundraisino	g Representa	ative Leader	rship PAC Sp
esignated	I Agent: Identify				Representa	ative Leader	rship PAC Sp
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