Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Big Blue Wave 573 Metropolitan Ave ADDRESS (number and street) (Check if address Apt 3E is changed) New York CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS declan@fhstrategies.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00764894 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. Hahn, Declan, , , Type or Print Name of Treasurer Hahn, Declan,,, [Electronically Filed] 07 2023 Signature of Treasurer 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

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TYPE OF COMMITTEE:						
Candidate Committee:	late Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate info	s committee is a principal campaign committee. (Complete the candidate information below.)					
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate ''', ''', ''', ''', ''', ''', ''', ''						
Candidate Party Affiliation Office Sought: House Senate	President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected 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 committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)					
(g) This committee is an independent expenditure-only political committee (Super PA	AC).					
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.						
Joint Fundraising Representative:						
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.						
Committees Participating in Joint Fundraiser						
1.	C					
	C					

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٧	Vrite or Type Committee Name				
	Big Blue Wave)			
6.	Name of Any Connected C NONE	Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor		
	Mailing Address				
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Hahn, Dec	lan, , ,			
	Full Name				
	Mailing Address	573 Metropolitan Ave			
		Apt 3E			
		New York NY	11211		
		CITY ▲ STATE	E ▲ ZIP CODE ▲		
	Title or Position ▼	5	2 0052 =		
	Treasurer	Telephone number	610 - 724 - 3229		
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
	Full Name Hahn, Dec	lan, , ,			
	of Treasurer	570 Matara Pita - Aug			
	Mailing Address	573 Metropolitan Ave			
		Apt 3E			
		New York NY	′		
	Title or Position ▼	CITY ▲ STATE	E ▲ ZIP CODE ▲		
			610 724 3229		
	Treasurer	Telephone number	610 - 724 - 3229		

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Full	Name of signated						
Age							
Mai	ling Address						
Title	e or Position •	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone	number				
		Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits f	unds, holds accounts, rents			
Nam	Name of Bank, Depository, etc.						
	Amalgamated Bank						
Mail	ling Address	1825 K St NW					
		Washington	DC DC	20006			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.							
Mail	ing Address						
		CITY ▲	STATE ▲	ZIP CODE ▲			