Only

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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. **Sharice for Congress** 13851 W. 63rd St. ADDRESS (number and street) NUM 303 (Check if address is changed) Shawnee 66216 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.shariceforcongress.com (Check if address is changed) DATE 2023 C00670034 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. Petterson, Jay, , , Type or Print Name of Treasurer Petterson, Jay, , , [Electronically Filed] 02 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

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) 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. (Complete the information below.)	candidate
	Name of Candidate Davids, Sharice, , ,	
	Candidate Party Affiliation DEM Office Sought: House Senate President	State KS District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Ç
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	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 committee. (i.e., nonconnected committee)	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 (Hybrid 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 two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

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W	/rite or Type Comn	mittee Name	
	Sharice f	for Congress	
i.	=	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	Mailing Address	200 WEST 79TH STREET, #8N	
		NEW YORK NY 10024	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Record	ecords: Identify by name, address (phone number optional) and position of the person in possess ds.	sion of committee
		Petterson, Jay, , ,	
	Full Name		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer		682 - 7328
		he name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).	ame and address of
	Full Name	Petterson, Jay, , ,	
	of Treasurer		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer		682 7328

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Full Name of Designated Agent		
Mailing Address		
Till Desires	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, see or maintains funds.	holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	Bank of America	
	Washington DC 200 CITY ▲ STATE ▲	006 ZIP CODE ▲
Name of Bank, D		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	 	FEC ID number	
	2.		FEC ID number (
	3.		FEC ID number	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	STAND UP FOR I	DEMOCRACY JFA		
	Mailing Address	PO BOX 5418		
		TAKOMA PARK	, , MD	20913
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representative	ve Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE ▲	
8.	Full Name	CITY A		
	Full Name _ _	CITY A Te	STATE ▲	ZIP CODE A
9.	Full Name	CITY A ries: List all banks or other depositories in which intains funds.	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A ries: List all banks or other depositories in which intains funds.	STATE elephone Number the committee deposits	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which intains funds.	STATE elephone Number the committee deposits	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which intains funds.	STATE elephone Number the committee deposits	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	С
=	Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Spons
SHARICE DAVID	OS VICTORY FUND 2022		
Mailing Address	13851 WEST 63RD STREET		
	#303		
	SHAWNEE	KS	66216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	fy by name, address (phone number – optiona	al)	
Full Name		1 1 1 1 1 1 1 1 1	
Full Name			
Mailing Address	CITY A	STATE A	7IP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite dafety deposit boxes or mane of Bank,	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite dafety deposit boxes or mane of Bank,	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the deposit boxes or make the depository, etc.	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	ories: List all banks or other depositories in w	Telephone Number	