FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)　☐ (Check if name is changed)　Example: If typing, type over the lines.

`12FE4M5`

Common Sense 2020

ADDRESS (number and street)　122 C Street NW

☐ ◄ (Check if address is changed)　Suite 360

Washington　DC　20001　–

CITY ▲　　STATE ▲　　ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ ◄ (Check if address is changed)　sue@bluewavepolitics.com

Optional Second E-Mail Address
john@bluewavepolitics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed)

2. DATE　M M 07 / D D 25 / Y Y Y Y 2023

3. FEC IDENTIFICATION NUMBER ▶　C　C00747469

4. 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, , ,

Signature of Treasurer　*Jackson, Sue, , ,*　*[Electronically Filed]*　Date　M M 07 / D D 25 / Y Y Y Y 2023

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 06/2012)

5. 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 candidate information below.)

Name of Candidate ☐

Candidate Party Affiliation ☐　　Office Sought: ☐ House　☐ Senate　☐ President　　State ☐

District ☐

(c) ☐　　This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate ☐

Party Committee:

(d) ☐　　This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party

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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 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 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.)

(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 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. MONTANANS FOR BULLOCK　　　　　　　C | C00741611

2. COMMON SENSE COLORADO　　　　　　　C | C00491936

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Write or Type Committee Name

Common Sense 2020

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲	STATE ▲	ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: Jackson, Sue, , ,

Mailing Address: 122 C Street NW Suite 360

City	State	Zip Code
Washington	DC	20001 –
CITY ▲	STATE ▲	ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number: 919 – 592 – 9826

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 of Treasurer: Jackson, Sue, , ,

Mailing Address: 122 C Street NW Suite 360

City	State	Zip Code
Washington	DC	20001 –
CITY ▲	STATE ▲	ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number: 919 – 592 – 9826

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Full Name of
Designated
Agent

Thoman, Shayne, , ,

Mailing Address

122 C Street NW

Suite 360

Washington   DC   20001   –

CITY ▲   STATE ▲   ZIP CODE ▲

Title or Position ▼

Assistant Treasurer   Telephone number   □□□ – □□□ – □□□□

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated

Mailing Address

1825 K Street, NW

Washington   DC   20006   –

CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

FEC **Form 1S** (Revised 02/2017)

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

5(g) or (h). **Joint Fundraising Participant:**

#	Participant		FEC ID number
1.	CAL FOR NC	FEC ID number	C C00709410
2.	SARA GIDEON FOR MAINE	FEC ID number	C C00709899
3.	WARNOCK FOR GEORGIA	FEC ID number	C C00736876
4.	MARK KELLY FOR SENATE	FEC ID number	C C00696526

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲   STATE ▲   ZIP CODE ▲

☐ Connected Organization   ☐ Affiliated Committee   ☐ Joint Fundraising Representative   ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲