

**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

Will Rollins for Congress

ADDRESS (number and street)

PO Box 6282

☐ (Check if address is changed)

414 W Grand Blvd

Corona

CITY ▲

CA

STATE ▲

92878

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

jay@bluewavepolitics.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.willrollinsforcongress.com

2. DATE

MM / DD / YYYY  
04 / 15 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00792507

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 Petterson, Jay, , ,

Signature of Treasurer Petterson, Jay, , ,

Date

MM / DD / YYYY  
04 / 15 / 2025

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(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 Rollins, Will, , ,

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State CA District 41

- (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

**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. \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

Will Rollins for Congress

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

Rollins Victory Fund

Mailing Address

414 W Grand

Corona

CA

92878

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

Petterson, Jay, , ,

Mailing Address

401 2nd Avenue South

Suite 303

Seattle

WA

98104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

206

682

7328

## 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

Petterson, Jay, , ,

Mailing Address

401 2nd Avenue South

Suite303

Seattle

WA

98104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

206

682

7328

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

CITY ▲

DC

STATE ▲

20006

ZIP CODE ▲

Name of Bank, Depository, etc.

Woodsboro Bank

Mailing Address

5 North Main Street

Woodsboro

CITY ▲

MD

STATE ▲

21798

ZIP CODE ▲

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

|    |                      |               |                                |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

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

California House Majority Fund

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 ▲

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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FEC ID number

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FEC ID number

C \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**Serve America Victory Fund  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

PO Box 2013  
\_\_\_\_\_  
\_\_\_\_\_

Salem

MA

01970  
\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_

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 ▲

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

|    |                      |               |                                |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

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

Blue to the Future 2024

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  -  -

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Name of Bank,  
Depository, etc.

Mailing Address   
  
   -

CITY ▲ STATE ▲ ZIP CODE ▲

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

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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 Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Name of Bank,

Depository, etc.

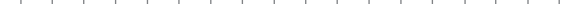
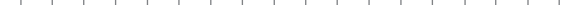

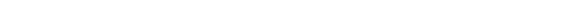
Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



1. 
2. 
3. 
4. 

FEC ID number C

FEC ID number C

FEC ID number C

FEC ID number C

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

[illegible]

Mailing Address

600 Pennsylvania Avenue SE

#15180

Washington DC 20003

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 ▲

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**SOUTHERN CALIF4NIA VICTORY FUND  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

600 Pennsylvania Ave SE  
\_\_\_\_\_  
\_\_\_\_\_Unit 15180  
\_\_\_\_\_  
\_\_\_\_\_Washington  
\_\_\_\_\_  
\_\_\_\_\_DC  
\_\_\_\_\_  
\_\_\_\_\_20003  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
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Name of Bank,

Depository, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲