**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. Sharice for Congress 13851 W. 63rd St. ADDRESS (number and street) **NUM 303** (Check if address is changed) Shawnee KS 66216 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) www.shariceforcongress.com (Check if address is changed) DATE 2023 C00670034 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. Type or Print Name of Treasurer Petterson, Jay, , Date 04 2024 Signature of Treasurer Petterson, Jay, , , 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

	1 (Revised 03/2022)	Page <b>2</b>
	OF COMMITTEE:	
(a) X	late Committee:  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 tinformation below.)	the candidate
Name	IDAVIOS. SHAHCE	
Candid	Jale	2
Candid Party	date Office Affiliation DEM Sought: X House Senate President	State KS
		District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate	
Party C	Committee:  (National, State (Democratical Communication of the Communic	tic
(d)	This committee is a	n, etc.) Party
Politics	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is
` ' 📙		_
		Organization
	Membership Organization Trade Association Coope	rative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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 I	PAC).
(1.7)	In addition, this committee is a Lobbyist/Registrant PAC.	,
	addition, the committee is a complete registration in the	
Joint F	undraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	mittees Participating in Joint Fundraiser	
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	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
V	/rite or Type Committee Name		
	Sharice for Cong	ress	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	NADLER VICTORY F	FUND	
	Mailing Address	200 WEST 79TH STREET, #8N	
		NEW YORK 10024	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
<u> </u>	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in possess	ion of committee
	Petterson,	lay, , ,	
	Full Name		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	682 7328
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Petterson, of Treasurer	Jay, , ,	
	Mailing Address	401 2nd Avenue South	
	. J	Suite 303	
		Seattle WA 98104	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	52	
	Treasurer		682

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	Depository, etc.	
Mailing Address	Bank of America	
Mailing Address	I	
	Washington DC   2000	06
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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Page	of <sup>9</sup>	

STAND UP FOR DEMOC  Mailing Address  P  Relationship:  Connected Organization	O BOX 5418  AKOMA PARK  CITY	STATE A  Joint Fundraising Represen	C C ve, or Leadership PAC Spons  20913  ZIP CODE
3. 4. 4. STAND UP FOR DEMOC  Mailing Address  Page 1 Connected Organ  The Relationship:  Connected Organ  Designated Agent: Identify by recommendations.	RACY JFA  O BOX 5418  AKOMA PARK  CITY   anization  Affiliated Committee	FEC ID number  FEC ID number  undraising Representation  MD  STATE	ve, or Leadership PAC Spons  20913  ZIP CODE
4. STAND UP FOR DEMOC  Mailing Address  P  Relationship:  Connected Organ  Connected Organ  Designated Agent: Identify by relationship by rela	RACY JFA  O BOX 5418  AKOMA PARK  CITY   anization  Affiliated Committee	FEC ID number  undraising Representation  MD  STATE	ve, or Leadership PAC Spons  20913  ZIP CODE
Mailing Address  Relationship:  Connected Organ  Mesignated Agent: Identify by relationship by	RACY JFA  O BOX 5418  AKOMA PARK  CITY   anization  Affiliated Committee	undraising Representation  MD  STATE	ve, or Leadership PAC Spons  20913  ZIP CODE
STAND UP FOR DEMOC  Mailing Address  P  Relationship:  Connected Organized Agent: Identify by resignated Agent Identification	RACY JFA  O BOX 5418  AKOMA PARK  CITY   anization  Affiliated Committee	STATE A  Joint Fundraising Represen	20913 ZIP CODE A
STAND UP FOR DEMOC  Mailing Address  P  Relationship:  Connected Organized Agent: Identify by resignated Agent Identification	RACY JFA  O BOX 5418  AKOMA PARK  CITY   anization  Affiliated Committee	STATE A  Joint Fundraising Represen	20913 ZIP CODE A
Mailing Address  P Relationship: Connected Organical Agent: Identify by recognitions.	O BOX 5418  AKOMA PARK  CITY   anization Affiliated Committee X	STATE   Joint Fundraising Represen	ZIP CODE A
Mailing Address  T  Relationship: Connected Organications Agent: Identify by resignated Agent:	AKOMA PARK  CITY   anization Affiliated Committee   X	STATE   Joint Fundraising Represen	ZIP CODE A
Mailing Address  T  Relationship: Connected Organications Agent: Identify by resignated Agent:	AKOMA PARK  CITY   anization Affiliated Committee   X	STATE   Joint Fundraising Represen	ZIP CODE A
Relationship:  Connected Organical Connected Organica Connected Organica Connected Org	CITY   anization Affiliated Committee   X	STATE   Joint Fundraising Represen	ZIP CODE A
Relationship:  Connected Organical Connected Organical Agent: Identify by resignated Agent:	CITY   anization Affiliated Committee   X	STATE   Joint Fundraising Represen	ZIP CODE A
Connected Organical Connected Organica Connected Org	anization Affiliated Committee X	Joint Fundraising Represen	
esignated Agent: Identify by r			
		· 	
Mailing Address			
L			
			1
TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
Lilia di Fosition V		Telephone Number	
afety deposit boxes or maintain ame of Bank,		hich the committee depos	
epository, etc.			
Mailing Address			
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1.				
		FEC ID nu	ımber C	
2.		FEC ID nu	ımber C	
3.		FEC ID nu	ımber C	
4.		FEC ID nu	ımber C	
lame of Any Connected (	Organization, Affiliated Committee,	loint Fundraising Repres	entative or L	padershin PAC Snons
-	RE LEADERSHIP FUND			
Mailing Address	PO BOX 15845			
	WASHINGTON		DC 2	0003
Relationship:	CITY A	SI	ATE A	ZIP CODE ▲
Full Name				
Mailing Address				
TITLE OR POSITION V	CITY A	STA	TE A	ZIP CODE ▲
TITLE OF POSITION	CITY A	STA	TE A	ZIP CO
nks or Other Depositorion ety deposit boxes or main me of Bank,	es: List all banks or other depositorintains funds.	Telephone Numb	deposits funds	, holds accounts, ren
anks or Other Depositorial after deposit boxes or main ame of Bank, epository, etc.	es: List all banks or other depositorintains funds.	Telephone Numb	deposits funds	, holds accounts, rent

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spon
DEMOCRACY SUM	MER 2024		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
J			
	WASHINGTON	l DC l	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	state	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY ▲  Ories: 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  anks or Other Deposit afety deposit boxes or mainly and the control of the con	fy by name, address (phone number – optional)  CITY ▲  Ories: 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	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains 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 mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains 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 mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.	STATE A  Telephone Number	ZIP CODE A

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1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
DEMOCRACY DEFEI	NDERS		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			The desire PAG On
	Organization Affiliated Committee X Joint by name, address (phone number – optional)	t Fundraising Represent	tative Leadership PAC Spo
		t Fundraising Represent	ative Leadersnip PAC Spo
Designated Agent: Identify		t Fundraising Represent	ative Leadersnip PAC Spo
Pesignated Agent: Identify		t Fundraising Represent	ative Leadersnip PAC Spo
Pesignated Agent: Identify		t Fundraising Represent	ative Leadersnip PAC Spo
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)	t Fundraising Represent	ZIP CODE A
Designated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		

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Page	of <sup>9</sup>	

(h). <b>Joint Fundraisin</b>	g Participant:			
1.		FE	C ID number	C
2.		FE	C ID number	C
3.		 _	C ID number	C
4.		 _	C ID number	C
Name of Any Connected	Organization, Affiliated Committee	ee, Joint Fundraising	Representative	e, or Leadership PAC Sponsor
SHARICE DAVIDS V	CTORY FUND 2024			
Mailing Address	13851 WEST 63RD STREET			
	#303			
	SHAWNEE		KS	66216
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	I Organization Affiliated Comm	🗸 =	aising Representa	
Full Name				
Mailing Address				
TITLE OR POSITION	CITY A		STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	Telephor	STATE ▲ ne Number	ZIP CODE ▲