| FEC FORM 1 | | STATEMEN ORGANIZ | | Off | PAGE 1 / 8 —— |
|---|------------|-----------------------------|--|------------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in f | ull) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Lisa Brown f | or Co | ngress | | | |
| | | PO Box 154 | | | |
| ADDRESS (number and | street) | | | | |
| (Check if addising the second | dress | | | | |
| | | Spokane | | WA 992 | 10 |
| | | | | STATE A | ZIP CODE A |
| COMMITTEE'S E-MAIL | ADDRES | S | | | |
| (Check if ad is changed) | dress | compliance@bluewave | politics.com | | |
| | | Optional Second E-Mail Add | Iress | | |
| | | | | | |
| (Check if addis changed) | dress | lisabrownforcongress.com | | | |
| 2. DATE 08 | / D 31 | 2017 | | | |
| 3. FEC IDENTIFICA | TION NU | MBER ► C co | 00654400 | | |
| 4. IS THIS STATEME | INT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have exa | amined thi | s Statement and to the best | of my knowledge and belief i | t is true, correct and | complete. |
| Type or Print Name of | Treasurer | Petterson, Jay, , , | | | |
| Signature of Treasurer | Petters | on, Jay, , , | [Electronically Filed] | Date 05 | 23 / Y Y Y Y 2019 |
| NOTE: Submission of fal | | | may subject the person signing DN SHOULD BE REPORTED V | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| | | | | _ |
|-----|-----------------|--------------------|--|---|
| | FI | EC For | rm 1 (Revised 02/2009) | Page 2 |
| . т | YPE | OF C | OMMITTEE | |
| C | Cand | lidate | Committee: | |
| (8 | a) | × | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (t | o) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.) | lete the candidate |
| | lame Candio | | Brown, Lisa, , , | |
| | Candia Party | date Affiliatio | on DEM Office Sought: K House Senate President | State WA District 05 |
| (0 | c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | lame Candio | | | |
| F | Party | / Com | imittee: | |
| (0 | d) | | | Democratic, Republican, etc.) Party. |
| F | Politi | cal A | ction Committee (PAC): | |
| (6 | ∋) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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. | |
| (1 | f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee) | regated 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.) | |
| J | oint | Fund | raising Representative: | |
| (g |) | | 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. | o or more political |
| (h |) | | 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. | o or more political |
| | | Com | mittees Participating in Joint Fundraiser | |
| | | 1. | FEC ID number | |
| | | 2. | FEC ID number | |
| | | 3. | FEC ID number | |
| | | 4. | FEC ID number | |
| | | | | |

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Lisa Brown for Congress

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

| Brown Victory Fund | | |
|-------------------------|--|--|
| | | |
| Mailing Address | 119 1st Ave S | |
| | Ste 320 | |
| | Seattle | WA 98104 |
| | CITY | STATE ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee X Joint Fundrais | sing 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.

| Petterson, | Jay, , , |
|-------------------|----------------------------|
| Full Name | |
| Mailing Address | 119 1st Ave S |
| | Suite 320 |
| | Seattle WA 98104 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | 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 | 119 1st Ave S | |
| | Suite 320 | |
| | Seattle WA 98104 – / / / / / / / / / / <th <="" th=""> / / <</th> | / / < |
| | CITY STATE ZIP CODE | |
| Title or Position Treasurer | Telephone number 206 682 7328 | |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | I | | | | 1 | | | | | | | | | 1 | | | |
|-------------------------------------|--|--|--|--|--|---|------|---|--|---|------|-----|-----|------|-----|-----|----|--|---|--|-----|----|----|----|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | L | | | | _ | | | |
| | | | | | | C | :IT) | (| | | | | | | | STA | ΤE | | | | ZII | ΡC | OD | ١E | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

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.

| Was | hington Trust Bank | |
|---------------------------------------|--------------------|----------------|
| Mailing Address | 717 W Sprague Ave | |
| | | |
| | Spokane | WA 99201 |
| | CITY | STATE ZIP CODE |
| Name of Bank, Depositor | y, etc. | |
| Bank | c of America | |
| Mailing Address | 230 SW 152nd St | |
| , , , , , , , , , , , , , , , , , , , | | |
| | Seattle | WA 98166 |
| | CITY | STATE ZIP CODE |

| FEC | Form | 1S | (Revised | 02/2017) |
|-----|------|----|-----------|----------|
| | | | (11001000 | 02/2011/ |

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

| 5(g) or (h). | Joint | Fundraising | Participant: |
|--------------|-------|-------------|--------------|
|--------------|-------|-------------|--------------|

| 1 FEC | ID number C |
|-------|-------------|
| 2 FEC | ID number |
| 3 FEC | ID number |
| 4 FEC | ID number |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Friends of Lisa and Sean

| Mailing Address | 119 1st Ave S | | | |
|-----------------|---------------|--------------|----------------------------------|------------------------|
| | Ste 320 | | | |
| | Seattle | | WA 9 | 98104 |
| Relationship: | | CITY A | STATE A | ZIP CODE |
| Connected C | Organization | ed 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 A | STATE A | ZIP CODE |
| | | | Telephone Number | |

| Name of Bank, Amalga Depository, etc. | mated Bank | | | | | | | | | | 1 | | | | | | | | | | | |
|--|--------------|---|------|--|--|--|--|--|----|----|---|--|--|---|-----|---|-----|----|-----|-----|--|--|
| Mailing Address | 1825 K St NW | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | Washington | | | | | | | | | | | | | 2 | 000 | 6 | | | | | | |
| | | (| CITY | | | | | | SI | AT | E | | | | | | ZIP | СС | DDE | Ξ ▲ | | |

| FFC | Form | 1 S | (Revised | 02/2017) |
|------|---------|------------|-----------|----------|
| I LO | 1 01111 | 10 | (LIEVISEU | 02/2017) |

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

| 5(g) or (h). | Joint | Fundraising | Participant: |
|--------------|-------|-------------|--------------|
|--------------|-------|-------------|--------------|

| 1. [| FEC ID number | С |
|------|---------------|---|
| 2. | FEC ID number | C |
| 3. | FEC ID number | C |
| 4 | FEC ID number | С |

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

| Mailing Address | 8391 BEVERLY BLVD | |
|-----------------|-------------------|----------------------------------|
| | | |
| | | CA 90048 - - |
| Relationship: | CITY 🔺 | STATE A ZIP CODE A |
| Connected | Organization | Joint Fundraising Representative |

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

| Full Name | | | |
|-------------------|----|-----------------|----------|
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION | | STATE A | ZIP CODE |
| | тт | elephone Number | |

| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|---|----|-----|---|--|--|--|--|---|-----|---|--|---|--|-----|---|----|-----|----|--|---|
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | L | | | | | | | | |
| | | | | | С | ۲I | ∕ ▲ | • | | | | | S | TAT | Έ | | | | ZIP | C | DD | Ξ 🔺 | L. | | I |

| FEC | Form | 1S | (Revised | 02/2017) |
|-----|------|----|-----------|----------|
| | | | (11001000 | 02/2011/ |

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

| 5(g) or (h). | Joint Fundraising Participant: | | |
|--------------|---|----------------------|------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | | |
| | of Any Connected Organization, Affiliated Committee, Joint Fundra P WA BLUE 2018 | ising Representative | e, or Leadership PAC Sponsor |
| | | | |

| Mailing Address | 119 1ST AVENUE SOUTH | | | |
|-----------------|-----------------------------------|---------------------|----------------|------------------------|
| | SUITE 320 | | | |
| | | | WA 981 | 04 |
| Relationship: | | | STATE A | 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 | L | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | |
| | L | | 1 | | | 1 | | | | | | 1 | | I | | 1 | | | | | | 1 | | 1 | | | | I | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | - L | | | |
| TITLE OR POSITION | | | | | | | CI | ΤY | | | | | | | | S | TAT | E. | | | | Z | ΖIΡ | СС | DD | E | | | |
| | | | | | | | | | | | | Те | lep | hor | ne | Nui | nbe | ər | L | | - | | | | | · | | | |

| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|---|---|--|--|--|--|--|---|----|----|--|---|--|-----|------|----|------|---|--|
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | L | | | L | | | | | - [_ | | |
| | | | | | C | Π | | | | | | S | TA | E. | | | | ZIP | ' C(| DD | E 🔺 | • | |

| FFC | Form | 1 S | (Revised | 02/2017) |
|-----|---------|------------|-----------|----------|
| | 1 01111 | 10 | (11001300 | 02/2017) |

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

| 5(g) or (h). | Joint | Fundraising | Participant: |
|--------------|-------|-------------|--------------|
| e(g) e. (). | ••••• | | |

| 1. | FEC ID number | С |
|----|---------------|---|
| 2. | FEC ID number | C |
| 3. | FEC ID number | C |
| 4. | FEC ID number | C |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor RED TO BLUE VICTORY FUND

| Mailing Address | 430 SOUTH CAPITOL STREET, SE | | |] |
|-----------------|------------------------------|---------------------|------------------|------------------------|
| | 2ND FLOOR | | | |
| | | | | 002 |
| Relationship: | CITY 🔺 | | STATE A | ZIP CODE |
| Connected | Organization | × Joint Fundraising | g Representative | Leadership PAC Sponsor |

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

| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|--|---|------|-----|-----|----|-----|-----|----|---|---|---|---|-----|---|---|--|----|---|---|-----|---|----|------|---|---|--|
| Mailing Address | | | | | | | | | | | | | | | | | 1 | 1 | | | 1 | | | | | | | | | 1 | | 1 | |
| | | 1 | 1 | I | 1 | I | | I | | 1 | I | 1 | 1 | | I | I | 1 | 1 | 1 | 1 | I | 1 | | | 1 | 1 | 1 | 1 | | 1 | | 1 | |
| | | | | I | | I | | 1 | | | I | | 1 | | I | 1 | | | | | | | | | | | | 1 | - | - [_ | I | | |
| TITLE OR POSITION | ▼ | | | | | | | C | ידוכ | Y 🔺 | | | | | | | | | S | TAT | Έ | | | | | | ZIP | C | OD | E | | | |
| | | | | | | | | | | lep | hor | ne | Nui | nbe | ər | | | | | · L | | | | -L | | | | | | | | | |

| Name of Bank, Depository, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|----------|--|---|--|--|--|--|--|--|--|--|
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | L | | | | | | | | |
| | | | | | | | | | | | | | STATE A | | | | | | | | ZIP CODE | | | | | | | | | | |