Only

STATEMENT OF

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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. Elaine for Congress PO Box 66191 ADDRESS (number and street) (Check if address is changed) Virginia Beach 23466 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) elaineforcongress.com (Check if address is changed) DATE 2021 C00664375 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. Petterson, Jay, , , Type or Print Name of Treasurer Petterson, Jay, , , [Electronically Filed] 07 10 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

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		COMMITTEE e 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 Cano	lidate	Luria, Elaine, , ,	
	lidate Affiliati	Office State ion DEM Sought: ★ House Senate President	VA 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			<u> </u>
Part	ty Con	nmittee: (National, State (Democratic,	
(d)		This committee is a or subordinate) committee of the Republican, etc.) Pa	arty.
Poli	tical A	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	n
		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 pacommittee. (i.e., nonconnected committee)	arty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		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.	
(h)		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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee Na	ame	
Elaine for Con	ngress	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Luria Victory Fund		
Mailing Address	PO Box 66191	
	Virginia Beach VA 2346	36
	CITY STATE	ZIP CODE
	dentify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor
Petters	son, Jay, , ,	
Full Name		
Mailing Address	401 2nd Avenue South	
	Suite 303	
	Seattle WA 981	04
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 206	- 682 - 7328
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	e name and address of
Full Name Petterso	on, Jay, , ,	
Mailing Address	401 2nd Avenue South	
	Suite 303	
	Seattle WA 9810)4
Title or Position Treasurer	CITY STATE	ZIP CODE 7328
	Telephone number	

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Full Name of Designated Agent		1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposi	itory, etc.	
Name of Bank, Deposi	nk of America 4616 Virginia Beach Blvd	462
Name of Bank, Deposi	nk of America 4616 Virginia Beach Blvd	462
Name of Bank, Deposi	nk of America 4616 Virginia Beach Blvd	462 ZIP CODE
Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 4616 Virginia Beach Blvd Virginia Beach CITY STATE	
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 4616 Virginia Beach Blvd Virginia Beach CITY STATE	
Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 4616 Virginia Beach Blvd Virginia Beach CITY STATE itory, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	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 Funda WOMEN'S VICTORY FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 9		
	LEXINGTON	KY	40588
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	t Fundraising Representa	Loadership TAO Ope
	y by name, address (phone number – optional)		Leadership FAC ope
Designated Agent: Identif			Leadership PAC Spo
Designated Agent: Identif			
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identif	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	611 PENNSYLVANIA AVENUE SE		
Ü	SUITE 143		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A