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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA	_	с	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	122 C St NW			
(Check if address is changed)	Suite 360			
	WASHINGTON CITY▲		DC 200 STATE ▲	2001 ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	sue@bluewavepolitics.com			
	Optional Second E-Mail Addre shayne@bluewavepolitics.com	955		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 05 / 1	0 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	UMBER ► C COO	584805		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best of	f my knowledge and belief it i	s true, correct and	d complete.
Type or Print Name of Treasure	er Jackson, Sue, , ,			
Signature of Treasurer Jack	son, Sue, , ,		Date 05	/ D D / Y Y Y Y 10 / 2024
NOTE: Submission of false, erron	eous, or incomplete information ma ANY CHANGE IN INFORMATIO			penalties of 52 U.S.C. §30109
Office Use Only		For further information col Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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: (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 on line 6.)	organization is a:					
	Corporation Corporation w/o Capital Stock Labor Orga	inization					
	Membership Organization Trade Association Cooperative	e					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee. (i.e., nonconnected committee)	und or party					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	imes 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
 2.

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\	Vrite or Type Committee Name							
	BFB PAC							
6.	Name of Any Connected Organization, BOYLE, BRENDAN F, , ,	Affilia	ted Co	mmitte	e, Joint	Fundraising	Representative, or	Leadership PAC Sponsor

Mailing Address	PO BOX 14310		
	PHILADELPHIA		19115
	CITY 🔺	STATE 🔺	ZIP CODE
Relationship: Connected	d Organization Affiliated Organization	Joint Fundraising Representative	X 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.

Jackson, S	ue, , ,
Full Name	
Mailing Address	122 C St NW
	Suite 360
	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, , ,
of fieasurer	
Mailing Address	122 C St NW
	Suite 360
	Washington DC 20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Second state Image: Second state 919 592 9826 Image: Second state Image: Second state Image: Second state Image: Second state

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Full Name of Designated Agent	Thoman, Shayne, , ,
Mailing Address	499 S Capitol St SW
	Suite 407
	Washington DC 20003 Image: Image of the im
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	er 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.

Bar	k of America		
Mailing Address	201 Pennsylvania Avenue SE		
	Washington		003
	CITY A	STATE A	ZIP CODE
Name of Bank, Deposi	tory, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE