PAGE 1/5 =

STATEMENT OF **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. Kate for Congress P.O. Box 413 ADDRESS (number and street) (Check if address is changed) Cincinnati 45201 ОН CITY 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) www.kateforcongress.com (Check if address is changed) DATE 2020 C00711630 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] 10 2020 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 Only Local 202-694-1100

FEC I	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate Committee:	
(a) ×		1
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Com	
Name of Candidate	information below.) Schroder, Kate, , ,	
Candidate Party Affili	DEM	State OH District 01
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(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 cor	nnected organization is a:
	Corporation Wo 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 se committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	ommittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		ı aye y
Kate for Congre		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	shin PAC Sponsor
-		Ship i Ao Sponsoi
OHIO RED TO BLUE	2020	
Mailing Address	918 PENNSYLVANIA AVE SE	
	WASHINGTON DC 20003	
	WASHINGTON DC 20003	
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee X Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Petterson	Jay, , ,	1
Full Name	401 2nd Avenue South	
Mailing Address	Suite 303	
	Seattle , , WA , , 98104	
Title or Position	CITY STATE	ZIP CODE
Treasurer		682 7328
Treasurer: List the name an any designated agent (e.g., a	d 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	
	Suite 303	
	Seattle	
The as Deale'	CITY STATE	ZIP CODE
Title or Position Treasurer		682 7328

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Teleph	none number	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	committee deposits funds, he	olds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. S. Bank 1674 Central Parkway		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. S. Bank	committee deposits funds, he	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. S. Bank 1674 Central Parkway		
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safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. S. Bank 1674 Central Parkway Cincinnati CITY tory, etc.	OH 45202	2
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Name of Bank, Deposit Name of Bank, Deposit Name of Bank, Deposit	maintains funds. tory, etc. S. Bank 1674 Central Parkway Cincinnati CITY tory, etc.	OH 45202	2

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisi r			FEC ID numbe	r C
2.			FEC ID numbe	C
			FEC ID numbe	-1 1 1 1 1 1 1
3.			FEC ID numbe	
4.			red id liuliibe	U
ame of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundr	aising Representat	ive, or Leadership PAC Spor
HOUSE VICTOR	Y PROJECT 2020			
I				
Mailing Address	918 PENNSYLVANIA AVE	SE 		
	WASHINGTON		DC	20003
Relationship:	CIT	Y 🛦	STATE	▲ ZIP CODE ▲
	d Organization Affiliated (Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identif	_		Fundraising Represe	Leadership PAC S
esignated Agent: Identif	_		Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identif	_		Fundraising Represe	Leadership PAC S
esignated Agent: Identif	by name, address (phone n	number – optional)		
esignated Agent: Identif	by name, address (phone n	number – optional)		
esignated Agent: Identif Full Name Mailing Address	by name, address (phone n	number – optional)		
esignated Agent: Identif Full Name	by name, address (phone n	number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other of	number – optional)	STATE A	
esignated Agent: Identif Full Name	ries: List all banks or other of	number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	ries: List all banks or other of	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make the second process of the sec	ries: List all banks or other of	number – optional)	STATE A	ZIP CODE A