Use Only

STATEMENT OF

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FORM 1		C	RGA	NIZ	ZA	ΠΟ	N													
1. NAME OF			(Check if r	2000		Evom	ple:If t	unina	tuno	4	_	-	-	_	ffice	Use C	nly		—	
COMMITTEE (in	full)		is changed				he line		туре		12	FE4	4M5	5		Ш				
AlsoPAC	1 1 1 1	1 1 1	1 1 1 1		I	1 1		1 1	1 1	ı	ı	l I	ı	l l	ı	1 1	ı	1 1	ı	, I
		1101 Me	ercantile Ln																	
ADDRESS (number a	,	Ste 100																		
is changed		Upper N	/arlboro								ı M	<u> </u>		207	774					╨.
			SITY A									TE 4	\		14	Z	- <u>′</u> IP C	ODE		
COMMITTEE'S E-MA	AIL ADDRES	S																		
(Check if a is changed	address		ance@blue	wavep	olitics	.com												1 1		
		Optional	Second E	E-Mail	Addre	SS														
COMMITTEE'S WEB (Check if a is changed)	address	RESS (U	RL) 																	<u></u> Ш
2. DATE 0	1 / 15	D / Y	2024																	
3. FEC IDENTIFIC	CATION NU	MBER I	•	С	C008	359538														
4. IS THIS STATEM	MENT	NEW	/ (N)	OR		×	AM	ENDE	D (A)											
I certify that I have e	examined thi	s Statem	ent and to	the be	est of	my kn	owledg	je and	belief	it is	true	e, co	rrect	anc	l cor	nplet	e.			
Type or Print Name	of Treasurer	Petters	on, Jay, , ,																	
Signature of Treasure	er Petter	son, Jay, ,	,								ate		M 01	М	D	15	1		024	Y
NOTE: Submission of	false, errone		complete in												pen	alties	of 5	2 U.S	.C. §	30109
Office Use						F	or furth ederal E	Election	Commi									RM /2012)		

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
_	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 car information below.)	ndidate
	Name of Candidate '','','','','',	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.)) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	Membership Organization Trade Association Cooperative	
	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 function committee. (i.e., nonconnected committee)	d 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 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 mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
۷	Vrite or Type Committee Name		
	AlsoPAC		
3.		ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Alsobrooks, Angela,	,	
	Mailing Address	1101 Mercantile Ln	
		Ste 100	
		Upper Mariboro MD	20774
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	ative X Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the persor	n in possession of committee
	Petterson, v	av	
	Full Name		
	Mailing Address	122 C St NW	
		Ste 360	
		Washington	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	CITY	ZIP CODE A
	Treasurer	Telephone number	206 - 682 - 7328
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	; and the name and address of
	Full Name Petterson, of Treasurer	ay, , ,	
		122 C St NW	
	Mailing Address	Ste 360	
		Washington	20001
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		206 682 7328
		Telephone number	

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Full Name of Designated			
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		elephone number	
	Depositories: List all banks or other depositories in which xes or maintains funds.	the committee deposits fun	ds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	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	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
ALSOBROOKS VIC	TORY FUND		
Mailing Address	1101 MERCANTILE LN		
	STE 100		
	UPPER MARLBORO	MD	20774
	CITY	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	oint Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Jo		
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Joint J		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint J		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Type of the properties	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee Affiliated Committee Type of the properties	STATE A Telephone Number	ZIP CODE A