07/15/2024 11 : 44

PAGE 1 / 9

FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 9
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	ngress			
ADDRESS (number and street)	PO Box 6282			
(Check if address is changed)	414 W Grand Blvd			
	Corona └── └── └── └── └── └── └── └── └── └──		CA 92 STATE ▲	2878 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
<ul><li>(Check if address is changed)</li></ul>	jay@bluewavepolitics.com			
	Optional Second E-Mail Add	lress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	n                           _		
	5 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	UMBER ► C co	0792507		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	er Petterson, Jay, , ,			
Signature of Treasurer Pette	erson, Jay, , ,		Date 07	/ D D / Y Y Y Y 15 2024
NOTE: Submission of false, erron		may subject the person signing the figure of		e penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	EC Form 1 (Revised 03/2022)	Page <b>2</b>
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 information below.)	e candidate
	Name of Candidate Rollins, Will, , ,	
	Candidate DEM Office Sought: X House Senate President	State CA District 41
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:       (National, State       (Democratic republican, State)         (d)       This committee is a       Image: Committee of the state       (Democratic republican, State)	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	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 committee. (i.e., nonconnected committee)	d 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.)	
	(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).

## 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.
 (j) Committees Participating in Joint Fundraiser

 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committee C

	FEC Form 1 (Revised 02/2009)	Page	3
٧	Vrite or Type Committee Name		
	Will Rollins for Congress		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC S	ponso

Rollins Victory Fund															1	1			1	1										I	
Mailing Address	414 W	Grand	ł 																												
	Corona	a 																Ľ				Ľ	928	78 				- [			
						Cľ	ΤY										:	ST	ATE						Z	ΊP	со	DE			
Relationship: Connected	Organiza	ation		Affil	iate	ed C	Drga	niz	atic	n	×	<b>(</b> J	oint	t Fu	Indr	aisi	ng	Re	pre	sen	itativ	ve			Le	ade	ersh	ip F	PAC	Sp	วทร

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	401 2nd Avenue South
	Suite 303
	Seattle         WA         98104
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     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	Petterson, Jay, , ,
of Treasurer	
Mailing Address	401 2nd Avenue South
	Suite303
	Seattle         WA         98104           Image: Seattle         Image: Seattle         Image: Seattle         Image: Seattle
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number     206     682     7328

FEC Form 1 (Revised 02	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A Z	ZIP CODE 🔺
Title or Position ▼		
	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.

	amated Bank		
Mailing Address	1825 K St NW		
	Washington		· · · · · - [ · · · · · · · · · · · · ·
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depositor			
Wood	sboro Bank		
Mailing Address	5 North Main Street		
	Woodsboro	MD 21798	
		STATE A	ZIP CODE

5(g) or (	h). Joint Fundraising	g Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number C	
	4.		FEC ID number	
6. <b>N</b>	ame of Any Connected	Organization, Affiliated Committee, Joint Fundrai	ising Paprosontative, or Leadership PAC Spans	or
0. 1	California House Majo		ising hepresentative, or Leadership TAO opons	
	Mailing Address	499 S Capitol St SW		
		Ste 420		
		Washington		
	Relationship:		STATE A ZIP CODE A	
	Connected		Fundraising Representative	ansor
	Connected			511001
8. <b>D</b>	esignated Agent: Identify	by name, address (phone number - optional)		
8. De	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>D</b>		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name			
8. D	Full Name			 
8. D	Full Name			
9. <b>B</b> a sa	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or ma		ephone Number	
9. <b>B</b> i sa Ni	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. <b>B</b> i sa Ni	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. <b>B</b> i sa Ni	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or ma         ame of Bank,         epository, etc.		ephone Number	
9. <b>B</b> i sa Ni	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or ma         ame of Bank,         epository, etc.		ephone Number	

EC	Form	1S	(Revised	02/2017)
----	------	----	----------	----------

5(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		-in a Democratic	an Londonshim DAO. On an an
6. Name of Any Connected C Serve America Victory	Drganization, Affiliated Committee, Joint Fundrai		
Mailing Address	PO Box 2013		
	Salem	MA	01970
Relationship:		STATE A	ZIP CODE
Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	
I		phone Number	
<ul> <li>Banks or Other Depositori safety deposit boxes or main</li> <li>Name of Bank,</li> <li>Depository, etc.</li> </ul>	ies: List all banks or other depositories in which th ntains funds.	e committee deposits	s funds, holds accounts, rents
	·····		
Mailing Address			

L

5(g) or (h	n). Joint Fundraising	Participant:	_	
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. <b>Na</b>	ame of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Benresentative	or Leadershin PAC Sponsor
	Blue to the Future 202	•		
L				
	Mailing Address	430 South Capitol Street SE		
		2nd Floor		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	undraising Representat	ve Leadership PAC Sponsor
8. <b>De</b>	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b>	Full Name	by name, address (phone number – optional)		
8. <b>De</b>		by name, address (phone number - optional)		
8. <b>De</b>	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name			
8. De	Full Name			
9. <b>Ba</b>	Full Name		phone Number	
9. <b>Ba</b> saf	Full Name		phone Number	
9. <b>Ba</b> saf	Full Name		phone Number	
9. <b>Ba</b> saf	Full Name          Mailing Address         TITLE OR POSITION         anks or Other Depositori         fety deposit boxes or mair         ame of Bank,         epository, etc.		phone Number	
9. <b>Ba</b> saf	Full Name          Mailing Address         TITLE OR POSITION         anks or Other Depositori         fety deposit boxes or mair         ame of Bank,         epository, etc.		phone Number	

1.					FEC ID number	С
2.					FEC ID number	С
3.					FEC ID number	C
4.					FEC ID number	C
			Affiliated Committee, J	oint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	use Victory Project	2024				
ļ	Mailing Address	600 Pennsylv	vania Avenue SE			
		Unit 15180				
		Washington				20003
I	Relationship:		CITY 🔺		STATE A	
	Connected	Organization	Affiliated Committee	× Joint F	undraising Represent	ative Leadership PAC Sponso
Eu						
	II Name					
	II Name					
	<u> </u>					
	<u> </u>					
Ma	<u> </u>	<pre></pre>				· · · · · · · · · · · · · · · · · · ·
Ma	ailing Address					
Ma T Banks safety	ailing Address	ies: List all ban			bhone Number	
Ma T Banks safety Name	ailing Address	ies: List all ban			bhone Number	
Ma T Banks safety Name	ailing Address	ies: List all ban			bhone Number	
Ma T Banks safety Name	ailing Address	ies: List all ban			bhone Number	
Ma T Banks safety Name	ailing Address	ies: List all ban			bhone Number	

	(h). Joint Fundraising	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
-			luciaian Decompositori	
6. <b>N</b>	Democracy Summer I	Organization, Affiliated Committee, Joint Func Maiority Fund	araising Representative	, or Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania Avenue SE		
		#15180		
		Washington		20003
	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Join	nt Fundraising Representa	tive Leadership PAC Sponsor
-				
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
				-
	TITLE OR POSITION			
	TITLE OR POSITION	•		ZIP CODE ▲
_	TITLE OR POSITION	•	Telephone Number	– – ZIP CODE ▲
		ries: List all banks or other depositories in which	Telephone Number	
s	Banks or Other Depositor	ries: List all banks or other depositories in which	Telephone Number	
s	Banks or Other Depositor cafety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	
s	Banks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories in which	Telephone Number	
s	Banks or Other Depositor cafety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	