Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) over the lines. is changed) JOINING IDEAS TO MOTIVATE MOVEMENT FOR YOU PAC 122 C St NW Ste 360 ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@bluewavepolitics.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00680132 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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. Type or Print Name of Treasurer Olsen, Josie, , Date 04 21 2024 Signature of Treasurer Olsen, Josie, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

| E  | C 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 information below.)      |  |                  |  |  |  |  |
| Name of Candidate  |  |                  |  |  |  |  |
| Candidate Office Sought: House Senate President  |  |                  |  |  |  |  |
|  | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District         |  |  |  |  |
| 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 or  | ganization is a: |  |  |  |  |
|  |  |                  |  |  |  |  |
|  | Corporation Corporation w/o Capital Stock Labor Organ  Membership Organization Trade Association Cooperative   | iization         |  |  |  |  |
|  | 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 full   | nd or narty      |  |  |  |  |
|  | committee. (i.e., nonconnected committee)  | id of 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 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   |  |                  |  |  |  |  |
|  | 1 C  |                  |  |  |  |  |

Title or Position ▼

Treasurer

| Write or Type Committee Name  JOINING IDEAS TO MOTIVATE MOVEMENT FOR YOU PAC  8. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PANETTA, JIMMY, , ,  CA 93924  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative ▼ 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.  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼ Telophone number - Optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Olsen, Josie, . ,   |    |                 |   |                        |  |  |
|---|----|-----------------|---|------------------------|--|--|
| STATE ▲ ZIP CODE ▲  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Clify ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Clify ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼ Telephone number    Title or Position ▼ Telephone number    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).  |    | ,               | ·   | Page 3                 |  |  |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PANETTA, JIMMY, , ,  Mailing Address  PO BOX 1579  Mailing Address  PO BOX 1579  Mailing Address  PO BOX 1579  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Olsen, Josie,  Full Name  Title or Position ▼  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  Olsen, Josie,  CITY A STATE A ZIP CODE A  Title or Position ▼  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).   | ٧  |                 |   |                        |  |  |
| PANETTA, JIMMY, , ,  Mailing Address  PO BOX 1579  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Clsen, Josie, , ,  Full Name Mailing Address  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 Olsen, Josie, , , of Treasurer   |    |                 |   |                        |  |  |
| Mailing Address    PO BOX 1579  | 6. |                 |   | ship PAC Sponsor       |  |  |
| CARMEL VALLEY  CITY ▲  STATE ▲  ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Olsen, Josie,  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Olsen, Josie,  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  Olsen, Josie,  Olsen, Josie,  Treasurer  Olsen, Josie,  Olsen, Josie,  Treasurer  Olsen, Josie,  Olsen, Josie,  Olsen, Josie,  Olsen, Josie,  Olsen, Josie,  |    | LILIA, JI       |   |                        |  |  |
| CARMEL VALLEY  CITY ▲  STATE ▲  ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Olsen, Josie,  CITY ▲  STATE ▲  ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Olsen, Josie,  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  Olsen, Josie,  Olsen, Josie,  Treasurer  Olsen, Josie,  Olsen, Josie,  Treasurer  Olsen, Josie,  Olsen, Josie,  Olsen, Josie,  Olsen, Josie,  Olsen, Josie,  |    |                 |   |                        |  |  |
| CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  City ▲ State ▲ ZiP Code ▲  Title or Position ▼  Treasurer  Telephone number  206 - 682 - 7328  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 Olsen, Josie,  Full Name Olsen, Josie,  Olsen, Josie,  Treasurer  1122 C St NW Ste 360   |    | Mailing Address | PO BOX 1579   |                        |  |  |
| CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  City ▲ State ▲ ZiP Code ▲  Title or Position ▼  Treasurer  Telephone number  206 - 682 - 7328  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 Olsen, Josie,  Full Name Olsen, Josie,  Olsen, Josie,  Treasurer  1122 C St NW Ste 360   |    |                 |   |                        |  |  |
| Relationship: Connected Organization  Affiliated Organization  Joint Fundraising Representative  X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Olsen, Josie, . ,  Full Name  |    |                 | CARMEL VALLEY CA 93924  |                        |  |  |
| Relationship: Connected Organization  Affiliated Organization  Joint Fundraising Representative  X Leadership PAC Spons  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name   |    |                 | CITY ▲ STATE ▲  | ZIP CODE ▲             |  |  |
| 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Olsen, Josie, , ,  Full Name  Mailing Address  122 C St NW Ste 360  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 Olsen, Josie, , ,  of Treasurer  Olsen, Josie, , ,  |    | Relationshin:   | Connected Organization Affiliated Organization Light Fundraising Representative |                        |  |  |
| DC 20001  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  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 Olsen, Josie, , , of Treasurer   |    | riciationship.  | Annualed Organization Countries and Prepresentative                             | Leadership 1 Ao oponso |  |  |
| DC 20001  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  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 Olsen, Josie, , , of Treasurer  | _  |                 |   |                        |  |  |
| Full Name  Mailing Address    122 C St NW Ste 360   | 7. |                 |   |                        |  |  |
| Full Name  Mailing Address    122 C St NW Ste 360   |    |                 | Olean Jasia   |                        |  |  |
| Mailing Address  Washington  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Olsen, Josie, , ,  of Treasurer  Olsen, Josie, , ,  of Treasurer  122 C St NW Ste 360   |    | 1               |   |                        |  |  |
| CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Teleph |    | Mailing Address | 122 C St NW Ste 360   |                        |  |  |
| CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Teleph |    |                 |   |                        |  |  |
| Title or Position   Treasurer  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Olsen, Josie, , , of Treasurer  Olsen, Josie, , ,  |    |                 | Washington DC   20001   | 1 1                    |  |  |
| Title or Position   Treasurer  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Olsen, Josie, , , of Treasurer  Olsen, Josie, , ,  |    |                 |   |                        |  |  |
| 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 Olsen, Josie, , , of Treasurer  122 C St NW Ste 360   |    |                 | CITY ▲ STATE ▲  | ZIP CODE ▲             |  |  |
| 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 Olsen, Josie, , , of Treasurer  122 C St NW Ste 360   |    |                 | 222   | 7000                   |  |  |
| any designated agent (e.g., assistant treasurer).  Full Name Olsen, Josie, , , of Treasurer   |    | Treasurer       | Telephone number  | 682 7328               |  |  |
| any designated agent (e.g., assistant treasurer).  Full Name Olsen, Josie, , , of Treasurer   |    |                 |   |                        |  |  |
| of Treasurer 122 C St NW Ste 360  | 8. |                 |   |                        |  |  |
| 122 C St NW Ste 360   |    | Full Name       | Olsen, Josie, , ,   |                        |  |  |
| Mailing Address  122 C St NW Ste 360  |    | of Treasurer    |   |                        |  |  |
|   |    | Mailing Address | 122 C St NW Ste 360   |                        |  |  |
|   |    |                 |   |                        |  |  |
| Washington DC 20001   |    |                 | Washington DC 20001   |                        |  |  |
| CITY ▲ STATE ▲ ZIP CODE ▲   |    |                 | CITY A CTATE A  | ZID CODE A             |  |  |

206

Telephone number

682

7328

| FEC Form 1                          | (Revised 02/2009)   |                  | Page <b>4</b>               |  |  |
|-------------------------------------|---|------------------|-----------------------------|--|--|
| Full Name of<br>Designated<br>Agent |   |                  |                             |  |  |
| Mailing Address                     |   |                  |                             |  |  |
|                                     |   |                  |                             |  |  |
|                                     |   |                  |                             |  |  |
|                                     | CITY ▲  | STATE ▲          | ZIP CODE ▲                  |  |  |
| Title or Position <b>▼</b>          |   |                  |                             |  |  |
|                                     | Telephone no  | umber            |                             |  |  |
|                                     | <b>Depositories:</b> List all banks or other depositories in which the committees or maintains funds. | ttee deposits fu | unds, holds accounts, rents |  |  |
| Name of Bank, Depository, etc.      |   |                  |                             |  |  |
|                                     | Bank of America   |                  |                             |  |  |
| Mailing Address                     | 201 Pennsylvania Avenue   |                  |                             |  |  |
|                                     |   |                  |                             |  |  |
|                                     | Washington  | DC               | 20003                       |  |  |
|                                     | CITY ▲  | STATE ▲          | ZIP CODE ▲                  |  |  |
| Name of Bank, Depository, etc.      |   |                  |                             |  |  |
|                                     | Amalgamated Bank  |                  |                             |  |  |
| Mailing Address                     | 1825 K Street NW  |                  |                             |  |  |
|                                     |   |                  |                             |  |  |
|                                     | Washington  | DC               | 20006                       |  |  |
|                                     | CITY ▲  | STATE ▲          | ZIP CODE ▲                  |  |  |
|                                     |   |                  |                             |  |  |