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Only

06/25/2024 10 : 40

(Revised 06/2012)

FEC FORM 1		STATI ORG/		_								PAC	GE 1 / 8	
				Evene				_		Office	Use On	у		
1. NAME OF COMMITTEE (ir	n full)	(Check if is change		over the	e:If typing e lines.	, туре	12	FE4	M5					
Scholten for	Congre	SS												
ADDRESS (number a	nd street)	P.O. Box 6233												
(Check if a is changed	address													
is changed	*)	Grand Rapids					M		4	9516				
		CITY ▲					STA	TE 🔺			ZIF	P COI	DE▲	
COMMITTEE'S E-MA		S												
(Check if a is changed		sue@bluewavep	olitics.com											
		Optional Second shayne@bluewave		ess					<u> </u>					
COMMITTEE'S WEB	address	RESS (URL)	en.com											
2. DATE	6 / D 25	0 / Y Y Y 2024	Ŷ											
3. FEC IDENTIFIC	CATION NU	MBER 🕨	C C00	711317										
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMEND	ED (A)								
I certify that I have e	examined thi	s Statement and to	o the best o	f my know	wledge an	d belief	it is true	e, cori	rect a	nd co	mplete.			
Type or Print Name	of Treasurer	Jackson, Sue, , ,												
Signature of Treasure	er Jackso	on, Sue, , ,					Date	The second secon	06	/	25	/ Y	2024	Y
NOTE: Submission of	false, errone	ous, or incomplete i ANY CHANGE IN								ie per	alties c	of 52 l	J.S.C.	§30109.
Office Use				Fo	further inf	ormation	contact:	-		FE	EC F	ORN	<u>/</u> 1	

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Scholten, Hillary, , , Candidate State MI Candidate Office DEM House Senate President Party Affiliation Sought: District 03 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 segregated fund or party committee. (i.e., nonconnected committee) 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).

(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.

In addition, this committee is a Lobbvist/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.
2.

Relationship:

Connected Organization

1																											
	FEC Form 1 (Revised 0	12/2009)																					Paç	ge 🕻	3		
W	Irite or Type Committee Name																										
	Scholten for Con	ngress					_	_		_	_			_	_		_	_		_	_	_	_		_		
6.	Name of Any Connected O	rganization, Affiliated	Com	nitte	e, J	loin	it F	une	drai	isin	ıg F	Rep	ores	sen	tati	ve,	, or	· Lo	ead	lers	ship	эP	AC	Sp	on	sor	
			<u> </u>																								
	Mailing Address	PO BOX 2013	<u> </u>										_														
															<u> </u>												
		SALEM	<u> </u>											_ N	1A)197	70							
			CIT	Y 🔺									ę	STA	TE						ΖI	РÓ	200	DE			

X 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.

Affiliated Organization

	Jackson, S	ue,,,																								
Full Name																										
Mailing Address		PO Box 6	233																							
		Grand Ra	apids											M				4	9510							
					Cľ	TΥ							5	STA	ΤE					Z	IΡ	COL	DE			
Title or Position	•																									
Treasurer									Tel	eph	one	nu	ımb	er			919	9] – [59	92			982	26	

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, , ,
Mailing Address	PO Box 6233
	Grand Rapids MI 49510 =
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
Treasurer	Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Thoman, Shayne, , ,	
Mailing Address	PO Box 6233	
	Grand Rapids MI 49510	
	CITY A STATE A ZI	P CODE 🔺
Title or Position		
Assistant Treasur	rer 7919 592	2 9826

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.

	Bank of America		
Mailing Address	321 Oberlin Rd		
	Raleigh	NC 27605	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC 20006	
	CITY 🔺	STATE A	ZIP CODE

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

ZIP CODE

STATE 🔺

ō(g) or (h).	Joint Fundraising	Participant:															
1.								FE	EC ID	numbe	er C						
2.								FE	EC ID	numbe	er C						
3.								FE	EC ID	numbe	er C						
4.								FE	EC ID	numbe	er C						
6. Name	e of Any Connected C	Organization, A	ffiliated	Commi	ttee, J	oint	Fundi	raising	g Repr	esenta	tive, o	or Lea	dersh	ip P	AC S	pons	or
SC		′ FUND															
		122 C ST NW															
	Mailing Address	UITE 360															
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			'N									200			-L		
	Relationship:			CITY A		_				STATE		_	Z	IP C	ODE		
	Connected	Organization	Affiliat	ed Com	mittee	×	Joint	Fund	raising	Repres	entativ	e	Lead	dersh	ip PA	C Spo	onsor
	ull Name	by name, addre	ess (phor	ne numl	oer – c	pption	al)		1 1	1 1	1 1	1 1	1 1	I	1 1	1 1	I
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	TITLE OR POSITION		C				Te	elepho					ZIP	CO	DE ▲		
. Banks	s or Other Depositori	es: List all ban			ositorie	s in v		-	ne Nu	mber		–]-[_		;
. Banks		es: List all ban			ositorie	s in v		-	ne Nu	mber		unds, ł]-[_		;
). Banka safety Name	s or Other Depositori deposit boxes or main of Bank, LEagle B	es: List all ban ntains funds.				s in v		-	ne Nu	mber		– unds, ł]-[_		;
). Banka safety Name	s or Other Depositori deposit boxes or main of Bank, sitory, etc.	es: List all ban ntains funds.	ks or oth			s in v		-	ne Nu	mber		–]-[_		
). Banka safety Name	s or Other Depositori deposit boxes or main of Bank, LEagle B	es: List all ban ntains funds.	ks or oth		ositorie	s in v		-	ne Nu	mber		 unds, ł]-[_		
). Banka safety Name	s or Other Depositori deposit boxes or main of Bank, sitory, etc.	es: List all ban ntains funds.	ks or oth		ositorie	s in v		-	ne Nu	mber		 unds, ł	nolds]-[_		

CITY

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

)or(h). Joint Fundraising	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Benresentativ	e or Leadershin PAC Sponsor
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
			20003
Relationship:		STATE A	ZIP CODE
	v by name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE
		elephone Number	
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposi	ts funds, holds accounts, rents
Mailing Address			

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

1.		FEC	D number	С
2.		FEC	D number	С
3.		FEC	D number	С
4.		FEC I	D number	С
Name of Any Connected (Drganization, Affiliated Committee, J	oint Fundraising Re	presentative	e, or Leadership PAC Spons
Mailing Address	600 PENNSYLVANIA AVE SE #15180)		
	1			
	WASHINGTON			20003
Relationship:	CITY ▲		STATE A	ZIP CODE A
Connected	Organization Affiliated Committee	× Joint Fundraisir	na Representa	tive Leadership PAC Sp
Full Name				
Full Name				
				└ · · · · · · · · · · · · · · · · · · ·
TITLE OR POSITION		Telephone I		

L

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

5(g)	or (h). Joint Fundraisin	g Participant:				
	1.				0 number	С
	2.				0 number	С
	3.				0 number	С
	4.				0 number	С
6.	Name of Any Connected	Organization, Affiliated Con	nmittee, Joint F	undraising Rep	oresentative	e, or Leadership PAC Sponsor
	Mailing Address	200 WEST 79TH STREET,	#8N			
					NY	10024
	Relationship:	CIJ	Y ▲		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated 0	Committee X	Joint Fundraising	g Representa	tive Leadership PAC Sponso
8.	Designated Agent: Identify by name, address (phone number - optional)					
	Full Name					
	Mailing Address					
	TITLE OR POSITION	▼ CITY	▲		STATE 🔺	ZIP CODE
				Telephone N	umber	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.			hich the commi		s funds, holds accounts, rents
	Mailing Address					
_			 · _		STATE ▲	
1			-			