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. Elect Carolyn Long PO Box 821288 ADDRESS (number and street) (Check if address is changed) Vancouver 98682 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) electlong.com (Check if address is changed) DATE 2020 C00660472 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] 05 13 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

TYPE OF COMMITTEE  Candidate Committee:  (a)				_
Candidate Committee:  (a)				Page 2
(a)				
Name of Candidate Party Affiliation DEM Office Party Affiliation DEM Office Sought: House Senate President District O3  (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate  Party Committee: (hational, State 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 is a Corporation Corporation Trade Association Cooperative In addition, this committee is a Lobbytst/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 Lobbytst/Registrant PAC. In addition, this committee is a Lobbytst/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  Joint Fundraising Representative:  (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, a least one of which is an authorized committee of a federal candidate.  Committees Participating in Joint Fundraiser 1. FEC ID number C 2.				)
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Party Committee:  (d) This committee is a	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
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2. FEC ID number				
		3.		
4.		4		

FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		-
Elect Carolyn	Long	
	ed Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Battleground Wome	en of WA	
Mailing Address	603 STEWART ST	
	Ste 819	98101
	CITY STA	TE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee X Joint Fundraising Repre	esentative Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Pettel Full Name	rson, Jay, , ,	
Mailing Address	401 2nd Ave S	
	Ste 303	
	Seattle	98104
Title or Position	CITY STATI	E ZIP CODE
Tresurer	Telephone number	206 682 7328
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the comm.g., assistant treasurer).	nittee; and the name and address of
Full Name Petter of Treasurer	son, Jay, , ,	
Mailing Address	401 2nd Ave S	
	Ste 303	
	Seattle	98104
Title or Position	CITY STATE	ZIP CODE  206   682   7328
	Telephone number	

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.  Depository, etc.	counts, rents
safety deposit box Name of Bank, De	xes or maintains funds.	counts, rents
safety deposit box Name of Bank, Do	ves or maintains funds. Depository, etc.  Umpqua Bank	counts, rents
safety deposit box Name of Bank, De	ves or maintains funds. Depository, etc.  Umpqua Bank	
safety deposit box Name of Bank, De	ves or maintains funds.  Depository, etc.  Umpqua Bank  1111 3rd Ave Suite 100  Seattle  WA 98101	CODE
safety deposit box Name of Bank, De	ves or maintains funds.  Depository, etc.  Umpqua Bank  1111 3rd Ave Suite 100  Seattle  CITY  STATE  ZIP	
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Name of Bank, Do	Depository, etc.  Umpqua Bank  11111 3rd Ave Suite 100  Seattle  CITY  STATE  ZIP  Depository, etc.	
safety deposit box Name of Bank, Do Mailing Address  Name of Bank, Do	ves or maintains funds.  Depository, etc.  Umpqua Bank  11111 3rd Ave Suite 100  Seattle  CITY  STATE  ZIP  Depository, etc.	

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Long Victory Func	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	401 2nd Ave S		
	Ste 303		
	Seattle	WA WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank,	CITY A	Telephone Number	
Full Name Mailing Address  TITLE OR POSITION  Lanks or Other Depositor defety deposit boxes or mail lame of Bank,	CITY A	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Depositor afety deposit boxes or mailane of Bank, depository, etc.	CITY A	Telephone Number	