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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT (ORGANIZATIO		с	PAGE 1 / 8
1. NAME OF COMMITTEE (in full)		mple:If typing, type the lines.	12FE4M5	
Chris Deluzio for	Congress			
ADDRESS (number and street	PO Box 16210			
(Check if address is changed)				
Is changed)	Pittsburgh		PA 15	242
			STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	jay@bluewavepolitics.com			
is changed)	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE . (Check if address is changed)	ADDRESS (URL)			
2. DATE 02 /	06 / Y Y Y Y 2023			
3. FEC IDENTIFICATION	NUMBER ► C C0078764	8		
4. IS THIS STATEMENT	NEW (N) OR ×	AMENDED (A)		
I certify that I have examined	this Statement and to the best of my l	nowledge and belief it is	s true, correct and	d complete.
Type or Print Name of Treas	urer Petterson, Jay, , ,			
Signature of Treasurer P	etterson, Jay, , ,	[Date 04	/ D D / Y Y Y Y 09 / 2024
NOTE: Submission of false, er	oneous, or incomplete information may sub ANY CHANGE IN INFORMATION SH			penalties of 52 U.S.C. §30109.
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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 Deluzio, Christopher, , , Candidate State PA Candidate Office DEM House Senate President Party Affiliation Sought: District 17 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **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) 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.
 2.

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	FEC Form 1 (Revised 02/2009)	Page 3
V	Nrite or Type Committee Name	
	Chris Deluzio for Congress	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
	Chris Deluzio Victory Fund	
	Mailing Address 611 Pennsylvania Avenue SE	

Mailing Address															
	Suite 143														
	Washington										200	03 	–		
			CITY						STAT	E ▲		Z		DE 🔺	
Relationship: Connected C	Organization	Affiliate	d Orga	nizatio	'n	X Jo	int Fur	ndrais	ng Repi	resenta	tive	Le	eadership	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.

Petterson,	ay, , ,	
Full Name		
Mailing Address	122 C Street NW	
	Suite 360	
	Washington DC 20003	
	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 of Treasurer	Petterson, Jay, , ,
Mailing Address	122 C Street NW
	Suite 360
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	,
Treasurer	Image: Second

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲ Z	
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.

	Amalgamated Bank		
Mailing Address	1825 K Street, NW		
	Washington		06
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I]
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

5(g) or (h	n). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N a	ame of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative	, or Leadership PAC Sponsor
	House Victory Project			
l				
	Mailing Address	600 Pennsylvania Ave SE #15180		
		_ Washington		20003
	Relationship:		STATE 🔺	ZIP CODE
	Connecteu	Organization Affiliated Committee X Join	Fundraising Representa	tive Leadership PAC Sponsor
8. De	esignated Agent: Identify	by name, address (phone number - optional)		
8. De	esignated Agent: Identify	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. De	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		STATE	
9. Ba sa' Na	Full Name		elephone Number	
9. Ba sa' Na	Full Name	CITY A	elephone Number	
9. Ba sa' Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	CITY A	elephone Number	
9. Ba sa' Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	CITY A	elephone Number	

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

ZIP CODE

STATE 🔺

5(g) or (h	h). Joint Fundraising	J Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. N a	ame of Any Connected (Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	End Citizens United - I	Priority 2024		
	Mailing Address	122 C STREET NW		
		STE 360		
	Relationship:	Washington CITY ▲		20001
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. De	esignated Agent: Identify	by name, address (phone number – optional)		
	esignated Agent: Identify	by name, address (phone number – optional)		
— 8. De		by name, address (phone number - optional)		
— 8. D e	Full Name	by name, address (phone number - optional)		
— 8. De	Full Name	by name, address (phone number - optional)		
— 8. De	Full Name			<pre></pre>
—	Full Name		STATE A	· · · · · · · · · · · · · · · · · · ·
9. B a	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele	ephone Number	s funds, holds accounts, rents
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc	CITY ▲ CITY ▲ Tele	ephone Number	s funds, holds accounts, rents
9. B a sa Na	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele	ephone Number	s funds, holds accounts, rents

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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 Bonrosontativ	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	ID number	С			
2.			FEC	ID number	С			
3.			FEC	ID number	С			
4.			FEC	ID number	С			
		ated Committee, Joint	Fundraising F	lepresentativ	e, or Le	eadershi	p PAC S	Sponso
Mailing Address	PO BOX 2013					1 1		
J.								
				MA I	0 [,]	1970		
	J SALEIVI							
Relationship:				STATE 🔺		ZII	P CODE	
	ted Organization	CITY A Affiliated Committee (phone number – option	(Joint Fundrais	STATE ▲			P CODE	
Conner	ted Organization	Affiliated Committee	_					
Conner Designated Agent: Ider	ted Organization	Affiliated Committee	_					
Designated Agent: Ider	ted Organization	Affiliated Committee	_					
Designated Agent: Ider	ted Organization	Affiliated Committee	_					
Conner Conner	tify by name, address	Affiliated Committee	_			Lead		AC Spor
Designated Agent: Ider	tify by name, address	Affiliated Committee	_	ing Represent		Lead	ership P/	AC Spor