Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Battleground Working Women Group DC Victory Fund (BWWG DC) 514 Daniels St ADDRESS (number and street) #286 (Check if address is changed) Raleigh 27605 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00738971 FEC IDENTIFICATION NUMBER 3. 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. Jackson, Sue, , , Type or Print Name of Treasurer Jackson, Sue,,, [Electronically Filed] 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

	FEC For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam	ne of	,,,,,	
	didate		
Par	ty Com	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	egregated 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.)	
Join	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	ANGIE CRAIG FOR CONGRESS FEC ID number C C00	575209
	2.	ELIZABETH PANNILL FLETCHER FOR CONGRESS	640045
	3.	CHRISSY HOULAHAN FOR CONGRESS FEC ID number C C000	637371
	4.	HALEY STEVENS FOR CONGRESS FEC ID number C COOK	338650

		_
FEC Form 1 (Rev		Page 3
	I Working Women Group DC Victory Fun	d (BWWG DC)
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or	
NONE		·
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records books and records. 	s: Identify by name, address (phone number optional) and position of the personal	on in possession of committee
Jack Full Name	sson, Sue, , ,	
Mailing Address	514 Daniels St, #286	
3		
	Raleigh	27605
Title or Position	CITY STATE	ZIP CODE
Treasurer		
	ne and address (phone number optional) of the treasurer of the committee; an e.g., assistant treasurer).	d the name and address of
Full Name Jacks	son, Sue, , ,	
Mailing Address	514 Daniels St, #286	
	Raleigh NC	27605
Title or Position	CITY STATE	ZIP CODE
Treasurer	919	- 592 - 9826

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Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
Mailing Address		
		1_1
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, hold loxes or maintains funds.	s accounts, rents
Banks or Other safety deposit be Name of Bank,	oxes or maintains funds.	s accounts, rents
safety deposit be	oxes or maintains funds.	s accounts, rents
safety deposit be	Depository, etc. Bank of America 321 Oberlin Rd	s accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America 321 Oberlin Rd	s accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America 321 Oberlin Rd	s accounts, rents
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safety deposit be Name of Bank,	Bank of America 321 Oberlin Rd Raleigh CITY STATE	
safety deposit be Name of Bank, Mailing Address	Bank of America 321 Oberlin Rd Raleigh CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 321 Oberlin Rd Raleigh CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 321 Oberlin Rd Raleigh CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 321 Oberlin Rd Raleigh CITY STATE Depository, etc.	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

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SUSIE LEE FO	OR CONGRESS		FEC	ID number	C C00655613	
	NEW MEXICO		 FEC	ID number	C C00666149	
3.			 FEC	ID number	C	
4.			 FEC	ID number	C	
ame of Any Connected	Organization, Affili	ated Committee, Joint F	Fundraising R	epresentativ	ve, or Leadership PAC	Spon
Mailing Address						
Relationship:		CITY A		STATE A	ZIP CODE	= 🛦
			l			
		Affiliated Committee (phone number – optional	Joint Fundraisi	ig nepresen	tative Leadership F	AC Sp
				ig nepreseri	Leaueisiip P	PAC Sp
esignated Agent: Identif				ig nepreseri	Leaueisiip F	PAC Sp
esignated Agent: Identif				ig nepreseri	Leaueisiip F	PAC Sp
esignated Agent: Identif				ig nepresen	Leadership P	PAC Sp
esignated Agent: Identif	y by name, address			STATE A	ZIP CODE	
esignated Agent: Identif Full Name Mailing Address	y by name, address	(phone number – optiona		STATE A		
esignated Agent: Identification Full Name _ _	y by name, address	(phone number – optiona	Telephone	STATE A Number	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	y by name, address	(phone number – optional	Telephone	STATE A Number	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address	(phone number – optional	Telephone	STATE A Number	ZIP CODE	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	y by name, address	(phone number – optional	Telephone	STATE A Number	ZIP CODE	