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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Women Win Wisconsin PAC 122 C Street NW ADDRESS (number and street) Suite 360 (Check if address is changed) Washington DC 20001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address shayne@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 21 2022 C00776740 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. Jackson, Sue, , , Type or Print Name of Treasurer Jackson, Sue,,, [Electronically Filed] 09 2022 Signature of Treasurer Date 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 Only

Local 202-694-1100

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. TYPE OF COMMITTEE:					
didate 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 information below.)	n committee. (Complete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: House Senate	President District				
(c) This committee supports/opposes only one candidate, and is NOT an author	rized committee.				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization	on on line 6.) Its connected organization is a:				
Corporation Corporation w/o Capital Stock	k Labor Organization				
Membership Organization Trade Association	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.					
This committee supports/opposes more than one Federal candidate, and is to committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party				
In addition, this committee is a Lobbyist/Registrant PAC.					
In addition, this committee is a Leadership PAC. (Identify sponsor of	on line 6.)				
(g) This committee is an independent expenditure-only political committee (Supe	er 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.					
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				
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٧	/rite or Type Committee N	Wisconsin PAC	
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representation	tive, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization Joint Fundraising Repre-	sentative Leadership PAC Sponso
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Thoma	an, Shayne, , ,	
	Full Name		
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington	20001
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	919 - 592 - 9826
S.	Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	ittee; and the name and address of
		on, Sue, , ,	
	of Treasurer	122 C Street NW	
	Mailing Address	Suite 360	
		Washington	20001
	T11	CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		. 010 502 0020
	Treasurer	Telephone number	919 - 592 - 9826

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Full	Name of signated					
Age						
Mai	ling Address					
Title	e or Position •	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone	number			
		Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits f	unds, holds accounts, rents		
Nam	ne of Bank, D	epository, etc.				
		Amalgamated Bank				
Mail	ling Address	1825 K St NW				
		Washington	DC DC	20006		
		CITY ▲	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
Mail	ing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		