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PAGE 1 / 10 🗕

STATEMENT OF ORGANIZATION

FORM 1			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Derek Tran for Cor	ngress			
ADDRESS (number and street)	10441 Stanford Avenue, #395	5		
(Check if address				
is changed)	Garden Grove		CA 1 192	2842
			L L STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	jay@bluewavepolitics.com			
is changed)				
	Optional Second E-Mail Add			
2. DATE	D / Y Y Y Y 5 / 2024			
3. FEC IDENTIFICATION N	UMBER ► C co	00851790		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r <u>Aarons, Martin, , ,</u>			
Signature of Treasurer Aaro	ns, Martin, , ,		Date 07	/ D D / Y Y Y Y 15 / 2024
NOTE: Submission of false, erron		may subject the person signing t FION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information or Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	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 Tran, Derek, , , Candidate State CA Candidate Office DEM House Senate President Party Affiliation Sought: District 45 (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). 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.

	FEC Form 1 (Revised (2/2009)		Page 3
	Write or Type Committee Name			
	Derek Tran for C	ongress		
6.	Name of Any Connected C	ganization, Affiliated Committee, Join	nt Fundraising Representative, or L	eadership PAC Sponsor
	California House Ma	ority Fund		
	Mailing Address	499 S. Capitol Street SW, Ste 420		
		Washington		20003

		CITY 🔺		STATE A	ZIP CODE
Relationship:	Connected Organization	Affiliated Organization	×	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.

Petterson,	Jay, , ,
Full Name	
Mailing Address	401 2nd Avenue South
	Suite 303
	Seattle WA 98104
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant 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	Aarons, Martin, , ,
of Treasurer	
Mailing Address	10441 Stanford Avenue, #395
	Garden Grove CA 92842 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: 100 million Image: 100 mi

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Petterson, Jay, , ,
Mailing Address	401 2nd Avenue South
	Suite 303
	Seattle WA 98104
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasu	er Telephone number 682 7328

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	275 7th Avenue		
	New York	NY 1000	1
	CITY A	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY A	STATE A	ZIP CODE

-EC	Form	1S	(Revised	02/2017)
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). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. Na	me of Any Connected (Drganization, Affiliated Committee, Joint Fun	draising Representative	e. or Leadership PAC Sponsor
	Serve America Victory			,
L				
	Mailing Address	P.O. Box 2013		
		Salem		01970
	Relationship:	CITY 🔺	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Sponsor
3. De s	signated Agent: identity	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	<u> </u>			
	<u> </u>			
	Mailing Address			
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1.				FE	C ID number	С				
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4.				 _ FE	C ID number	С				
<u> </u>										
Name of Any Co	onnected Organ	ization, Affiliated	Committee, Joint	Fundraising	Representativ	ve, or	Leader	ship P	AC Sp	onso
	DRY FUND									I
										I
Mailing Add	Iress	141 STANFORD AV	ENUE, #395							
	L GA	RDEN GROVE			CA	L	92842		-	
	connected Organ				STATE ▲ aising Represent			ZIP C	ode 🛛	
	connected Organ		_							
Designated Ager	o: Connected Orgar		ted Committee							
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Designated Ager	o: Connected Orgar		ted Committee							
Designated Ager Full Name (Mailing Addre	o: Connected Orgar nt: Identify by na	ume, address (phor	ted Committee						ip PAC	
Designated Ager	o: Connected Orgar nt: Identify by na uss uss OSITION ▼	ume, address (phor	ted Committee	nal)	aising Represent			eadersh	ip PAC	

5(g) or (h). Joint Fundraising	g Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number
6. Na	me of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
L		COJECT 2024	
L			
	Mailing Address	600 PENNSYLVANIA AVE SE #15180	
	Relationship:		STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative
8. De	signated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
			ephone Number
			ne committee deposits funds, holds accounts, rents
	fety deposit boxes or mai	ntains tunos.	
	me of Bank, pository, etc.		
	Mailing Address		
1		CITY A	STATE A ZIP CODE A

1.		FEC ID number	C
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lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponso
DEMOCRACY SUM	MER MAJORITY FUND		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
	1		
	WASHINGTON		20003
Relationship:		STATE	
Connecte	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spor
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Connecte	y by name, address (phone number – optional)		

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5(g) or (h)	Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. Nar	ne of Any Connected (Drganization, Affiliated Committee, Joint Fundrai	sing Representative	. or Leadership PAC Sponsor
		-		,
L				
	Mailing Address	200 WEST 79TH STREET, #8N		
		NEW YORK	NY	10024
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Des	ignated Agent: Identify	by name, address (phone number - optional)		
	ignated Agent: Identify Full Name	by name, address (phone number - optional)		
		by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
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	Full Name			· · · · · · · · · · · · · · · · · · ·
9. Ba n	Full Name	Image: Image	phone Number	
9. Ban safe	Full Name Mailing Address TITLE OR POSITION INS or Other Depositor ety deposit boxes or mail	Image: Image	phone Number	
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9. Ban safe Nan	Full Name Mailing Address TITLE OR POSITION Its or Other Depositor ety deposit boxes or main ne of Bank, pository, etc.	Image: Image	phone Number	

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5(g) or (h)). Joint Fundraising	Participant:			
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		-			
L					
	Mailing Address		OL STREET SE		
		2ND FLOOR			
		WASHINGTON			20003
	Relationship:			STATE 4	
	Connected	Organization Af	iliated Committee	loint Fundraising Represer	tative Leadership PAC Sponsor
8. Des	signated Agent: Identify	by name, address (p	hone number – optional)	
8. Des	signated Agent: Identify Full Name	by name, address (p	hone number – optional)	
8. Des		by name, address (p	hone number — optional))	
8. Des	Full Name	by name, address (p	hone number — optional;)	
8. Des	Full Name	by name, address (p	hone number — optional;		
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