| FEC FORM 1 | STATEMENT OF ORGANIZATION | PAGE 1 / 4 |
|---|---|--------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name Example: If typing, type is changed) over the lines. | 12FE4M5 |
| Reed for Cong | gress | |
| | | |
| ADDRESS (number and str | eet) 11601 Shadow Creek Parkway | |
| (Check if addre is changed) | SS Suite 111-267 | |
| le changedy | Pearland | TX 77584 |
| | CITY | STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL A | DDRESS | |
| (Check if addre is changed) | ss jay@bluewavepolitics.com | |
| is changedy | Optional Second E-Mail Address | |
| | | |
| COMMITTEE'S WEB PAG (Check if addre is changed) | | |
| 2. DATE 07 | D D / Y Y Y Y 15 / 2019 | |
| 3. FEC IDENTIFICATIO | ON NUMBER ► C C00712273 | |
| 4. IS THIS STATEMENT | NEW (N) OR AMENDED (A) | |
| I certify that I have exami | ned this Statement and to the best of my knowledge and belief it | is true, correct and complete. |
| Type or Print Name of Tre | asurer Bhattathiry, Sajeesh, , , | |
| Signature of Treasurer | Bhattathiry, Sajeesh, , , [Electronically Filed] | Date 07 15 / Y Y Y Y 2019 |
| NOTE: Submission of false, | erroneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W | |
| Office Use Only | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | |

07/15/2019 11 : 54

L

| | | — | | | | |
|-----|--------------------------|--|--|--|--|--|
| | FEC Fo | rm 1 (Revised 02/2009) Page 2 | | | | |
| | | COMMITTEE | | | | |
| Ca | Indidate | e Committee: | | | | |
| (a) | × | X 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. (Complete the candidate information below.) | | | | |
| | me of ndidate | Reed, Derrick, , , | | | | |
| | ndidate rty Affiliati | ion DEM Office Sought: K House Senate President District 22 | | | | |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| | me of ndidate | | | | | |
| Pa | rty Con | nmittee: | | | | |
| (d) | | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party | | | | |
| Ро | litical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is | | | | |
| | | Corporation Corporation w/o Capital Stock Labor Organization | | | | |
| | | 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.) | | | | |
| Joi | nt Fund | draising Representative: | | | | |
| (g) | | 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. | | | | |
| (h) | | 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. | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | | | | | | |
| | 4. | | | | | |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address | | | |
|-------------------------|---|---------------------------|------------------------|
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint F | undraising 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 | 119 1st Avenue South |
| | Suite 320 |
| | Seattle WA 98104 |
| Title or Position | CITY STATE ZIP CODE |
| Assistant Treasurer | Telephone number |

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 | Bhattathiry, Sajeesh, , , |
|---------------------------|-----------------------------------|
| Mailing Address | 11601 Shadow Creek Parkway |
| | Suite 111-267 |
| | Pearland |
| | CITY STATE ZIP CODE |
| Title or Position | Telephone number 281 - 619 - 3475 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Petterson, | Jay, , , | |
|-------------------------------------|------------|----------------------------|------|
| Mailing Address | | 119 1st Avenue South | |
| | | Suite 320 | |
| | | Seattle WA 98104 | |
| | | CITY STATE ZIP CODE | |
| Title or Position | urer | Telephone number 206 - 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.

| Wells F | Fargo | | |
|---------------------------|----------------------|--|--|
| Mailing Address | 8401 Broadway Street | | |
| | | | |
| | Pearland | TX 77581 - - - - - - - - - - | |
| | CITY | STATE ZIP CODE | |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE ZIP CODE | |