Only

STATEMENT OF

PAGE 1/9

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kathy Manning for Congress PO Box 41197 ADDRESS (number and street) (Check if address is changed) Greensboro 27404 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address john@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00662577 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

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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 committee. (Complete the information below.)	candidate
	Name of Candidate Manning, Kathy, , ,	
	Candidate Party Affiliation DEM Office Sought: House Senate President	State NC District 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	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 committee. (i.e., nonconnected committee)	fund or party
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0)	2/2009)			Page 3
V	Vrite or Type Committee Name				
	Kathy Manning	for Congress			
6.	=	ganization, Affiliated Committee, Joint	Fundraising Representa	ative, or Leaders	ship PAC Sponsor
	SWING NC				
	Mailing Address	918 PENNSYLVANIA AVE SE			
		WASHINGTON	DC	20003	1–1
		CITY ▲	STAT	L E ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	✗ Joint Fundraising Representation	esentative	Leadership PAC Sponso
	Tioladorionip. Comission	7 minuted Organization	a come rundrationing respic	osomativo	Zoddolollip 1710 opolloc
	Occidential of December 1 decide				
7.	books and records.	fy by name, address (phone number opti	onal) and position of the p	erson in possess	sion of committee
	Jackson, Su	I C , , ,			
	Full Name				
	Mailing Address	514 Daniels St			
		Suite 286			
		Raleigh	NC NC	27605	
		CITY ▲	STAT		ZIP CODE ▲
	Title or Position ▼	0111 =	JIAI		211 OODE =
	Treasurer		Telephone number	919 –	592 9826
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of t ssistant treasurer).	the treasurer of the comm	nittee; and the n	ame and address of
	Full Name Jackson, Su	ıe, , ,			
	of Treasurer				
	Mailing Address	514 Daniels St			
		Suite 286			
		Raleigh	NO.	C 27605	
		CITY ▲	STAT	 E ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	919 –	592 - 9826

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	ds accounts, rents
Name of Bank, D	Depository, etc.	
	Amalgamated Bank	
Mailing Address		
	Washington DC 20003	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	Bank of America	
Mailing Address	321 Oberlin Rd	
	Raleigh NC 27605	
	CITY ▲ STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page _5_ **of** 9___

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	NEWDEM ACTIO	N FUND FOR THE FUTURE		
	Mailing Address	910 17TH ST NW STE 925		
		WASHINGTON	DC	20006
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representative	e Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	1	
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposits f	unds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
N	Mailing Address	600 PENNSYLVANIA AVE SE #15180		
		WASHINGTON	DC L	20003
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
Ful Ma	II Name	CITY A ries: List all banks or other depositories in which	elephone Number	
Ful Ma TI Banks safety Name Deposi	II Nameailing Address ITLE OR POSITION or Other Depositor deposit boxes or main of Bank,	CITY A ries: List all banks or other depositories in which	elephone Number	
Ful Ma TI Banks safety Name Deposi	ailing Address ITLE OR POSITION or Other Depositor deposit boxes or main of Bank, sitory, etc.	CITY A ries: List all banks or other depositories in which	elephone Number	
Ful Ma TI Banks safety Name Deposi	ailing Address ITLE OR POSITION or Other Depositor deposit boxes or main of Bank, sitory, etc.	CITY A ries: List all banks or other depositories in which	elephone Number	

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected MANNING VICTO	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	122 C ST NW SUITE 360		
		WASHINGTON	DC DC	20001
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A ephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦

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

FEC Form 1S (Revised 02/2017)

Page 8 of 9

(h). Joint Fundraisir	g Participant:	1	FEC ID number	C
1.			FEC ID number	C
2				
3.			FEC ID number	С
4			FEC ID number	C
	Organization, Affiliated Com	nmittee, Joint Fundr	aising Representativ	re, or Leadership PAC Spons
Mailing Address	PO BOX 5418			
	TAKOMA PARK		MD	20913
	CIT I Organization		STATE ▲ Fundraising Represent	
Connecte	I Organization Affiliated C	Committee X Joint		
Connecte Designated Agent: Identif	I Organization Affiliated C	Committee X Joint		
Connecte Designated Agent: Identif Full Name	I Organization Affiliated C	Committee X Joint		
Connecte Designated Agent: Identif Full Name	I Organization Affiliated C	Committee X Joint		
Connecte Designated Agent: Identif Full Name Mailing Address	Affiliated Control of the property of the prop	Joint with a second sec		
Connecte Designated Agent: Identif Full Name	Affiliated Control of the property of the prop	Umber – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Control of the property of the prop	Joint with the committee Under Un	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mailing Name of Bank, Depository, etc.	Affiliated Control of the property of the prop	Joint with the committee Under Un	Fundraising Represent	Leadership PAC Sports and the second

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spon
=	RATIC WOMEN 2022		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
-			
	WASHINGTON	, DC	20003
Relationship:			ZIP CODE A
rielationship.	CITY A	STATE ▲	ZIP CODE A
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A