FEC

Only

STATEMENT OF

PAGE 1 / 12 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marie for Congress PO Box 1164 ADDRESS (number and street) (Check if address is changed) Washougal 98671 WA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@bluewayepolitics.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.marieforcongress.com (Check if address is changed) DATE 30 2023 C00806174 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Olsen, Josie, , Date 04 11 2024 Signature of Treasurer Olsen, Josie, , , 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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 information below.)	the candidate
Name of Candidate Gluesenkamp Perez, Marie, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State WA District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) 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
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Marie for Congre	SS		
6.		ganization, Affiliated Committee, Joint Fundraising	Representative, or Lead	ership PAC Sponsor
	MARIE GLUESENKA	MP PEREZ VICTORY FUND		
	Mailing Address	401 2ND AVE S		
		STE 303		
		SEATTLE	WA 9810) 4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fund	draising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and pos	sition of the person in posse	ession of committee
	Olaan lasi			
	Olsen, Josi Full Name	;,, 		
	Mailing Address	401 2nd Ave S		
		Ste 303		
		Seattle	WA 9810)4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephor	ne number 206 -	682 - 7328
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer ssistant treasurer).	of the committee; and the	name and address of
	Full Name Olsen, Josi of Treasurer	θ, , ,		1
		401 2nd Ave S		
	Mailing Address	Ste 303		
		Seattle	, WA , 19810)4
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Treasurer		206	682 7328
		lelephor	ne number	

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲ STATE	E▲	ZIP CODE ▲
Title of Position			
	Telephone number		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	osits funds, holo	ls accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	525 S Jackson St		
	Seattle	98104	
	CITY ▲ STATE	■	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Amalgamated BAnk		
Mailing Address	1825 K St NW		
	Washington	20006	
	CITY ▲ STATE	■	ZIP CODE ▲

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

1.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
End Citizens United -	Priority 2024		
Mailing Address	122 C STREET NW		
maining / daroos	Ste 360		
	Washington	DC	20001
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X Joint	t Fundraising Representa	Leadership PAC S
Connected	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
Connecter connec		t Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
KEEP WA BLUE			
Mailing Address	401 2ND AVE S		
	STE 303		
	SEATTLE	WA	98104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositorafety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

Page	of	12
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	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint TURE LEADERSHIP FUND	Fundraising Representat	ive, or Leadership PAC Spons
DEMOCRATIO TO T			
Mailing Address	PO BOX 15845		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – option	al)	
Pesignated Agent: Ident	ify by name, address (phone number – option	al)	
	ify by name, address (phone number – option	nal)	
Full Name	ify by name, address (phone number – option	nal)	
Full Name	ify by name, address (phone number – option		
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	CITY ▲ Cories: List all banks or other depositories in	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or n	CITY ▲ Cories: List all banks or other depositories in	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	CITY ▲ **Cories: List all banks or other depositories in anaintains funds.	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or not be supposed to the supposed	CITY ▲ Cories: List all banks or other depositories in an anintains funds.	STATE A Telephone Number	sits funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY ▲ Cories: List all banks or other depositories in an anintains funds.	STATE A Telephone Number	sits funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY ▲ Cories: List all banks or other depositories in an anintains funds.	STATE A Telephone Number	sits funds, holds accounts, rents

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fund TY VICTORY FUND	draising Representative	e, or Leadership PAC Spons
Mailing Address	401 2ND AVE S		
	STE 303		
Relationship:	SEATTLE CITY A	WA WA	98104
Relationship.	CIIV A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte resignated Agent: Identi Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spe
Connecte resignated Agent: Identi Full Name	ed Organization Affiliated Committee X Joinfy by name, address (phone number – optional)		
Connecte resignated Agent: Identi Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Specialistic
Connecte resignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint J		
Connecte resignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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

5(g) or (h).	Joint Fundraising	Participant:			
1			FEC ID	number	C
2			FEC ID	number	C
3			FEC ID	number	С
4			FEC ID	number	C
	f Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Sponsor
Ma	ailing Address	600 PENNSYLVANIA AVE SE #15180			
IVIC	alling Address				
		WASHINGTON		, DC ,	20003
Re	elationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected C	Organization Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sponsor
Full	Nameing Address	y name, address (phone number – option	iai)		
	ing / taareee				
			1	1 . 1	1
T.IT.	LE OR POSITION ▼	CITY A		STATE A	ZIP CODE ▲
	LE OR POSITION V		Telephone Nu	umber	
safety de	eposit boxes or main	s: List all banks or other depositories in tains funds.	which the commit	tee deposit	s funds, holds accounts, rents
Deposito M					

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

1.								FEC	C ID r	numbe	r	С					Ξ	Ξ
2. 🔟								FEC	C ID r	numbe	r	С		Ξ		Ξ	Ξ	Ξ
3. 🖳								FEC	C ID r	numbe	r	С			Ξ		Ξ	Ξ
4.								FEC	C ID r	numbe	r	С			Ξ		Ξ	_
	Any Connected (Commi	ttee, Jo	oint F	undra	ising	Repre	senta	tive,	or Le	eader	ship	PA	C S	ons	or
	E VICTORY PR	OJEC1 2024																
Maili	ng Address	600 PENNSY	LVANIA A	VE SE #	#15180 		ı	1 1	1 1			1 1	1	1 1		ı	1 1	
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		WASHINGTO)							DC		. 20	0003					
		WASHINGTO														- L		
5.					\				5	STATE				ZIP	CO	DE	A	
	tionship: Connected d Agent: Identify	Organization by name, addr	Affiliate	CITY A	mittee	-		Fundrai	ising F	Represe	entati	ve	L	eade	rship	PA(C Sp	ons
Designated Full Na	Connected d Agent: Identify ame		Affiliate	ed Com	mittee	-		Fundrai	ising F	Represe	entati	ve	L	eade	rship	PAG	C Sp	eons
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Designated Full Na	Connected d Agent: Identify ame		Affiliate	ed Com	mittee	-		Fundrai	ising F	Represe	entati	ve		eade	rship	PAG	C Sp	oons
Designated Full Na	Connected d Agent: Identify ame		ess (phon	ed Com	mittee	-		Fundrai				ve						oons
Designated Full Na Mailing	Connected d Agent: Identify ame	by name, addr	ess (phon	ed Com	mittee	-		Fundrai		Represe		ve		eade				ons

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

Page	of	12
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h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
7-			
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spons
TAKE BACK THE HO	OUSE 2024		
	600 PENNSYLVANIA AVE SE #15180		
Mailing Address	0001 ENNOTEVANIA AVE 3E #13100		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X fy by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte esignated Agent: Identif			ative Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optiona	l)	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optiona	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the content of t	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	fy by name, address (phone number – optional content of the conten	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional content of the conten	STATE Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional content of the conten	STATE Telephone Number inich the committee deposi	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional content of the conten	STATE Telephone Number inich the committee deposi	ZIP CODE A ts funds, holds accounts, rent

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

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
	of Any Connected O	rganization, Affiliated Committee, Joir	t Fundraising Representation	ve, or Leadership PAC Sponsor
		430 SOUTH CAPITOL STREET SE		
Ma	ailing Address	2ND FLOOR		
			D0	20002
D,	elationship:	WASHINGTON	DC	20003
ne	Connected C	CITY ▲ Organization Affiliated Committee	STATE ▲ X Joint Fundraising Represen	
	nted Agent: Identify b	oy name, address (phone number – opti	onal)	
Mail	ing Address			
		<u> </u>		
TIT	LE OR POSITION V	, CITY A	STATE ▲	ZIP CODE ▲
L			Telephone Number	
safety do	eposit boxes or main	es: List all banks or other depositories in tains funds.	n which the committee depos	its funds, holds accounts, rents