FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Marie Gluesenkamp Perez Victory Fund 401 2nd Ave S ADDRESS (number and street) Ste 303 (Check if address is changed) Seattle 98104 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) (Check if address is changed) DATE 2022 C00822759 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. Type or Print Name of Treasurer Olsen, Josie, , Date 02 22 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) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
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 line	6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	Cooporativo
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)	parate segregated 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 according to the contribution according t	ounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) X This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal	·
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser MARIE FOR CONGRESS	C00806174

WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE

C C00114439

_	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name	mp Daraz Viotary Fund	
6.		mp Perez Victory Fund ganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising R	depresentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the	he person in possession of committee
	Olsen, Josi Full Name), , ,	
	Mailing Address	401 2nd Ave S	
		Ste 303	
		Seattle	WA 98104
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	er 206 – 682 7328
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the cossistant treasurer).	ommittee; and the name and address of
	Full Name Olsen, Josi of Treasurer	3, , , ,	
	Mailing Address	401 2nd Ave S	
		Ste 303	
		Seattle	WA 98104
	T	CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		. 206 692 7220
	Treasurer	Telephone numbe	er 206 – 682 – 7328

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	Full Name of Designated Agent		
	Mailing Address		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone number	
'	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which the committee deposits funds, ntains funds.	holds accounts, rents
	Name of Bank, Depository,	etc.	
	Bank of	America	
	Mailing Address	401 2nd Ave S	
		Ste 303	
		Seattle WA 98	104
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, Depository,	etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundrais	•				
TIMBER PAC 1.			FEC II	O number	C C00833574
2.			FEC II	O number	С
3.			FEC II	O number	C
4.			FEC II	O number	С
Name of Any Connected	l Organization, Affili	ated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spons
Mailing Address					
Dolationahin		OUTV			710 0005 4
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connect		Affiliated Committee (phone number – option	Joint Fundraisin	g Represent	ative Leadership PAC Spo
				g Represent	ative Leadership PAC Spo
Designated Agent: Ident				g Represent	ative Leadership PAC Spo
Designated Agent: Ident				g Represent	ative Leadership PAC Spo
Designated Agent: Ident				g Represent	ative Leadership PAC Spo
Designated Agent: Ident	fy by name, address		nal)	g Represent	ZIP CODE A
Designated Agent: Ident Full Name Mailing Address	fy by name, address	(phone number – option	nal)	STATE A	
Designated Agent: Ident Full Name	fy by name, address	(phone number – option	Telephone N	STATE A	
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or not be safety deposit boxes or not be safety. Depository, etc	fy by name, address	(phone number – option	Telephone N	STATE A	ZIP CODE A