| Image# 2 | 20170 | 404905 | 51984 | 536 |
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04/04/2017 13 : 14

| FEC FORM 1 | STATEMEN ORGANIZA | | с | PAGE 1 / 4 |
|---|-------------------------------|--|----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| | is changed) | over the lines. | | |
| Anna for Iowa | | | | |
| | | | | |
| ADDRESS (number and street) | P.O. Box 978 | | | |
| (Check if address is changed) | 1 | | | |
| is changed) | Des Moines | | IA 50 | 304 |
| | | | STATE A | ZIP CODE |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address | jay@bluewavepolitics.c | com | | |
| is changed) | Optional Second E-Mail Add | dress | | |
| | | | | |
| (Check if address is changed) | https://annaforiowa.com/ | | | |
| 2. DATE 04 | 4 Y Y Y Y 2017 | | | |
| 3. FEC IDENTIFICATION N | JMBER ► C co | 00636688 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined th | nis Statement and to the best | of my knowledge and belief it i | is true, correct and | d complete. |
| Type or Print Name of Treasure | r Petterson, Jay, , , | | | |
| Signature of Treasurer | rson, Jay, , , | [Electronically Filed] | Date 04 | / D D / Y Y Y Y 04 2017 |
| NOTE: Submission of false, erron | | may subject the person signing th ON SHOULD BE REPORTED WI | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| | • | | |
|---|-----------------|--------------------|--|
| | FI | EC For | rm 1 (Revised 02/2009) Page 2 |
| | TYPE | OF C | OMMITTEE |
| | Canc | didate | 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 candidate information below.) |
| | Name Candio | | Ryon, Anna, , , |
| | Candio Party | date Affiliatio | on DEM Office Sought: X House Senate President District 03 |
| | (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | Name Candio | | |
| | Party | y Com | mittee: |
| | (d) | | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party. |
| | Politi | ical A | ction 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. |
| | (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.) |
| | Joint | Fund | raising 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. | FEC ID number |
| | | 2. | FEC ID number |
| | | 3. | FEC ID number |
| | | 4. | FEC ID number |
| | | | |

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Anna for Iowa

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

| Mailing Address | | | | | | | | | |
|---|-------|----------|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | STATE | ZIP CODE | | | | | | | |
| Relationship: Connected Organization Affiliated Committee 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 | 119 1st Avenue South |
| | Suite 320 |
| | Seattle WA 98104 |
| Title or Position | CITY STATE ZIP CODE |
| 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 of Treasurer | Petterson, Jay, , , |
|--------------------------------|--|
| Mailing Address | 119 1st Avenue South |
| | Suite 320 |
| | Seattle WA 98104 – |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 206 682 7328 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | |
|-------------------------------------|--|--|---|--|--|--|--|--|----------------|--|--|--|--|------|-----|-----|------|-----|-----|---|--|--|--|--|--|--|--|--|--|
| Mailing Address | | | l | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | STATE ZIP CODE | | | | | | | | | | | | | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

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.

| Key Ba | ink | | |
|---------------------------|----------------|-------------|--------|
| Mailing Address | 815 2nd Avenue | | |
| | | | |
| | Seattle | WA 98104 |]-[] |
| | CITY | STATE ZIP C | ODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | |] – [] |
| | CITY | STATE ZIP C | ODE |