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STATEMENT OF	
ORGANIZATION	

FEC FORM 1		STATEMEN ORGANIZ	-		
					Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Don Davis fo	or NC				
ADDRESS (number ar	nd street)	PO Box 511			
(Check if a	address				
is changed	1)	Snow Hill			8580
				STATE ▲	ZIP CODE A
COMMITTEE'S E-MA	IL ADDRES	S			
(Check if a is changed		davis-compliance@bluewav	vepolitics.com		
is changed))	Optional Second E-Mail Add	dress		
Check if a is changed					
2. DATE 04	M / D I 11	2024			
3. FEC IDENTIFIC	ation NU	MBER ► C co	00795211		
4. IS THIS STATEN	1ENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct ar	nd complete.
Type or Print Name of	of Treasurer	Jackson, Sue, , ,			
Signature of Treasure	er Jackso	on, Sue, , ,		Date 04	/ D D / Y Y Y Y 11 2024
NOTE: Submission of	false, errone		may subject the person signing f		e penalties of 52 U.S.C. §30109
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC 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 the information below.)	candidate
Name of Candidate	
Candidate DEM Office Sought: X House Senate President	State NC District 01
(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 (Democratic, or subordinate) committee of the Republican, or	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	ganization
Membership Organization Trade Association Cooperation	ive
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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

	FEC Form 1 (Revised 0	2/2009)																		Pag	ge 3		
W	Irite or Type Committee Name																						
	Don Davis for NO	C																					
6.	Name of Any Connected O	rganization, A	filiated	Com	mitte	e, Jo	int I	Fun	drai	sing	Re	pre	sent	ativ	e, o	r Le	eade	ershi	ip F	УAC	Spo	onsc	or
			JND																				
	Mailing Address	PO BOX 2013																					
		SALEM											M	A		0	197	0					
				CIT	Y 🔺							;	STAT	TE 🖌				Z	ΊP	COL)e 🖌	k	
	Relationship: Connected	Organization	Affiliat	ted O	rganiz	ation	>	〈 J	oint	Fund	drais	ing	Rep	rese	ntativ	ve	E	Le	ade	ership	אר כ	c s	ponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Jackson, S	ue, , ,
Full Name	
Mailing Address	514 Daniels St, #286
	Raleigh NC 27605 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 919 592 9826

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	Jackson, Sue, , ,
Mailing Address	514 Daniels St, #286
	Raleigh NC 27605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

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Full Name of Designated Agent	Roberson, John, , ,	
Mailing Address	514 Daniels St, #286	
	Raleigh NC 27605	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Assistant Treasure	r Telephone number	

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.

	Bank of America		
Mailing Address	321 Oberlin Rd		
	Raleigh 	NC 27605	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY 🔺	STATE A	ZIP CODE

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FEC Form 1S (Revised 02/2017)

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

5(g)	or(h). Joint Fundraisi	ng Participant:			
	1.			FEC ID number	C
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	С
6.	Nome of Any Connector	Organization Affiliated Co	mmittee leint Eu	draining Donrocontativ	e, or Leadership PAC Sponsor
0.	Blue to the Future 2	-	minitee, Joint Fu	initialising nepresentative	, or Leadership FAC Sponsor
	Mailing Address	430 South Capitol Street S	\$E		
		2nd Floor			
		Washington			20003
	Relationship:	C		STATE	
	Connect	ed Organization	Committee X Jo	int Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identi	fy by name, address (phone	number – optional)		
	Mailing Address				
		1			-
	TITLE OR POSITIO	CIT	Y 🔺	STATE A	
				Telephone Number	[[
9.	Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository, etc.		depositories in whit	ch the committee deposit	s funds, holds accounts, rents
	Mailing Address				<u></u> I
			_ Y ▲	STATE ▲	
		OII			

FEC Form 1S (Revised 02/2017)

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 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.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative, or l	Leadership PAC Sponsor
	House Victory Project	2024		
	Mailing Address	600 Pennsylvania Ave SE #15180		
		Washington		20003
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	l Organization Affiliated Committee X Join	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		<pre>v by name, address (phone number - optional) v by name, addre</pre>		
8.	Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
8.	Full Name	<pre>by name, address (phone number - optional)</pre>		
8.	Full Name			
8.	Full Name			· · · · · · · · · · · · · · · · · · ·
8. 9.	Full Name		elephone Number	
	Full Name Mailing Address TITLE OR POSITION		elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,		elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		elephone Number	

FEC Form 1S (Revised 02/2017)

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

5(g) or (h)). Joint Fundraising	g Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6. Na	me of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
		IER 2024	
L			
	Mailing Address	600 PENNSYLVANIA AVE SE #15180	
	Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative Leadership PAC Sponsor
8. De s	signated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
		1	ephone Number
9. Bai	nks or Other Depositor ety deposit boxes or ma	ies: List all banks or other depositories in which the intains funds.	ne committee deposits funds, holds accounts, rents
	me of Bank,		
	pository, etc.		
	Mailing Address		
1			STATE ▲ ZIP CODE ▲