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07/25/2024 15 : 05

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEMEN ORGANIZA		0	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	rat Maj	ority			
ADDRESS (number a	nd street)	122 C Street NW			
(Check if a is changed		Suite 360			
	,	Washington └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		DC 200 STATE ▲	201 ZIP CODE ▲
COMMITTEE'S E-MA		S			
X ◀ (Check if a is changed		compliance@bluewavepoliti	cs.com		
		Optional Second E-Mail Add	lress		
COMMITTEE'S WEB	address	PRESS (URL)			
2. DATE 07	7 / D 25	D / Y Y Y Y 2024			
3. FEC IDENTIFIC	CATION NU	MBER ► C co	0859660		
4. IS THIS STATEN		NEW (N) OR	× 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 and	complete.
Type or Print Name of	of Treasurer	Eveland, Alex, , ,			
Signature of Treasure	er Evelar	nd, Alex, , ,		Date 07	25 / Y Y Y Y 2024
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 Use Only			For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page <b>2</b>
5.	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 information below.)	the candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee:       (National, State or subordinate) committee of the       (Democratic democratic dem	atic, an, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coope	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 segrega committee. (i.e., nonconnected committee)	ted 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) X 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).

## 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.

In addition, this committee is a Lobbyist/Registrant PAC.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

## New Democrat Majority

6.	Name of Any Connected O	rganization, Affiliated	Committee, Joint Fundra	ising Representative, or	Leadership PAC Sponsor
	Mailing Address				
			CITY 🔺	STATE 🔺	ZIP CODE
	Relationship: Connected	Organization Affilia	ed Organization	t Fundraising Representative	E 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.

Evelar	ld, Alex, , ,
Full Name	
Mailing Address	122 C Street NW
	Suite 360
	Washington         DC         20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
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	Eveland, Alex, , ,
of Treasurer	
Mailing Address	122 C Street NW
	Suite 360
	Washington     DC     20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number     206     682     7328

FEC Form 1 (Revised 02	2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	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.

	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington		
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE