| Image# 15950834599 | | | | 03/02/2015 12 : 54 |
|--|---|--|---------------------|---------------------------------|
| | STATEMENT | | | PAGE 1 / 4 |
| FEC | ORGANIZATI | | | |
| FORM 1 | OTIGATIZATI | | O | fice Use Only |
| 1. NAME OF | | ample:If typing, type | 12FE4M5 | |
| | | er the lines. | | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | P.O. Box 30632 | | | |
| (Check if address is changed) | | | | |
| is changed) | Rochester | | NY 146 | 503 |
| | CITY ▲ | | STATE A | ZIP CODE A |
| COMMITTEE'S E-MAIL ADDRES | S | | | |
| (Check if address is changed) | jay@bluewavepolitics.com | | | |
| | Optional Second E-Mail Address | | | |
| | | | | |
| COMMITTEE'S WEB PAGE ADD (Check if address is changed) | RESS (URL) http://votelouise.com | | | |
| | | | | |
| 2. DATE 03 / 02 3. FEC IDENTIFICATION NU | 2015 | 511 | | |
| _ | | | | |
| 4. IS THIS STATEMENT X | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined thi | s Statement and to the best of my | knowledge and belief it is | s true, correct and | complete. |
| Type or Print Name of Treasurer | Nora E. Tuthill | | | |
| | | | M M / | D D / Y Y Y Y |
| Signature of Treasurer | E. Tuthill | [Electronically Filed] | Date 03 | 02 2015 |
| | ous, or incomplete information may su ANY CHANGE IN INFORMATION SH | | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| | FEC | Form 1 (Revised 02/2009) | Page 2 | |
|------|-----------------------|---|-----------------------------|----------|
| . ТҮ | PE O | F COMMITTEE | | |
| C | andid | late 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 | ; |
| | ame of andidate | | | |
| | andidate arty Affi | iliation DEM Sought: X House Senate President | State | NY 25 |
| (c) |) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| | ame of andidate | | | |
| Pa | arty C | Committee: | | |
| (d) |) | | ocratic, blican, etc.) P | 'arty. |
| Po | olitica | al Action Committee (PAC): | | |
| (e) |) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organizatior | ı is a: |
| | | Corporation Corporation w/o Capital Stock | or Organizatio | on |
| | | Membership Organization Trade Association Cod | operative | |
| | | 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) | ated fund or p | arty |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | |
| Jo | oint Fu | undraising Representative: | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate. | nore political | |
| | С | committees Participating in Joint Fundraiser | | |
| | 1. | FEC ID number C | | |
| | 2 | FEC ID number | | |
| | 3. | FEC ID number C | | |
| | 4. | FEC ID number | | |
| | | | | |

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Louise Slaughter Re-Election Committee

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

| Mailing Address | | | | |
|-------------------------|-----------------------------------|------------------------|------------------|---------------------|
| | | | | |
| | | | | |
| | CITY | ST | TATE Z | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee | Joint Fundraising Repr | resentative Lead | dership 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.

| Jay Petters | son |
|---------------------|----------------------------------|
| Full Name | |
| Mailing Address | 119 1st Avenue South |
| | Suite 320 |
| | Seattle WA 98104 |
| Title or Position | CITY STATE ZIP CODE |
| Assistant Treasurer | Telephone number |

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 | Nora E. Tuthill |
|--------------------------------|--|
| Mailing Address | P.O. Box 30632 |
| | |
| | Rochester NY 14603 - |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number |

| Full Name of Designated Ja Agent | y Petterson |
|--|---|
| Mailing Address | 119 1st Avenue South |
| | Suite 320 |
| | Seattle WA 98104 |
| | CITY STATE ZIP CODE |
| Title or Position Assistant Treasurer | Telephone number 206 - 682 - 7328 |

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 | 3601 Stone Way North | | |
| | | | |
| | Seattle | WA 9 | 98103 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| M&T E | Bank | | |
| | 1385 Lyell Avenue | | |
| Mailing Address | | | |
| | | | |
| | Rochester | | 14606 |
| | | | |