Image# 202404179633442616				04/17/2024 15 : 46 PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
	(Check if name	Example: If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
NDIAN AMERICA	N IMPACT FUND			
	122 C Street NW			
DDRESS (number and street)	Suite 360			
is changed)				
	CITY ▲		STATE ▲	ZIP CODE▲
OMMITTEE'S E-MAIL ADDRI				
(Check if address is changed)	dc-compliance@bluewaver	politics.com		
	Optional Second E-Mail Ad	ldress		
COMMITTEE'S WEB PAGE AE (Check if address is changed)	DDRESS (URL)			
	17 / Y Y Y Y 2024			
B. FEC IDENTIFICATION N	IUMBER ► C C	:00674127		
	1			
. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined	this Statement and to the best	t of my knowledge and belie	f it is true, correct a	and complete.
uno or Drint Nome of Tracture				
ype or Print Name of Treasur	er Jackson, Sue, , ,			
Signature of Treasurer Jacl	kson, Sue, , ,		Date 04	/ D D / Y Y Y Y 17 2024
IOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signir TION SHOULD BE REPORTE	-	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

04/17/2024 15 : 46

FE	C Form	1 (Revised 03/2022)	Page 2
5.	TYPE C	OF COMMITTEE:	
	Candid	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 the information below.)	e candidate
	Name Candio		
	Candio	date Office Affiliation Sought: House Senate President	State
	Faity		District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cano	ne of didate	
	Party C	Committee: (National, State (Democratic This committee is a or subordinate) committee of the Republican,	
	Politica	al Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock	rganization
		Membership Organization Trade Association Coopera	tive
		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 PA	C).

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
2.

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

FEC Form 1 (Revised 02/2009)	Page 3

Write or Type Committee Name

INDIAN AMERICAN IMPACT FUND

6.	Name of Any Connected Or	ganization, Affiliated	Committee,	Joint Fundraising F	Representative, or Leade	ership PAC Sponsor
	The Impact Fund					
	Mailing Address	122 C Street NW				
		Suite 360				
		Washington				1
			CITY 🔺		STATE A	ZIP CODE
	Relationship: Connected	Organization X Affilia	ted Organizatio	on Joint Fundra	aising Representative	Leadership PAC Sponso

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	ие, , ,
Full Name	
Mailing Address	122 C Street NW
	Suite 360
	Washington DC 20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasurer	Image:

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	122 C Street NW
	Suite 360
	Washington DC 20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
	Image: Telephone number Image: Telephone number

FEC Form 1 (Revised 02/20

Page	4
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Full Name of Designated Agent	Thoman, Shayne, , ,
Mailing Address	122 C Street NW
	Suite 360
	Washington DC 20001 Image: I
	CITY A STATE A ZIP CODE A
Title or Position	
Assistant Treasur	rer Telephone number 919 592 9826

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.

Mailing Address	PO BOX 15284		
		DE 1983	50
	CITY 🔺	STATE A	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE