## STATEMENT OF

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FEC FORM 1		_	RGAN								C	Office	Use O	nlv			
1. NAME OF COMMITTEE (ir	, full)	П	(Check if naming is changed)		ample: If ty		ре	12	2FE	4M5	_			,			
Defeat Rep	•	ns P	- '			s. 					-						
		1 1 1	1 1 1 1 1			1 1 1	ı		1 1	ı	1 1	ı	1 1	ı	1 1	ı	<sub>1</sub>
ADDRESS (number a	nd street)	122 C S	Street NW														
(Check if a is changed		Suite 3	60												1 1		
	,	Washin	gton 						ATE	<b>^</b>	20	001	Z		ODE		Ш
COMMITTEE'S E-MA	AIL ADDRES	SS															
(Check if a is changed		sue@	bluewavepo	olitics.com													
		Optiona shayı	I Second E-Ma	ail Address avepolitics	s.com		ı										
COMMITTEE'S WEB  (Check if a is changed)	address	,	JRL) featrepublicans	.org													
2. DATE 0	3 09	D / Y	2023														
3. FEC IDENTIFIC	CATION NU	MBER	•	C007557	702												
4. IS THIS STATEM	MENT	NEV	V (N) O	R	<b>x</b> AMI	ENDED (	(A)										
I certify that I have e	examined thi	s Statem	ent and to the	best of my	knowledg	e and be	elief it	is tru	ie, co	orrec	t and	d cor	nplet	Э.			
Type or Print Name	of Treasurer	Jackso	n, Sue, , ,														
Signature of Treasure	er <i>Jackson</i>	ı, Sue, , ,			[Electroni	cally Filed	<u>d]</u>	Date		M 03		/ D	09	′		023	Y
NOTE: Submission of	false, errone		complete inform	-		-	-					pen	alties	of 52	2 U.S	.C. §	30109
Office Use Only					Federal E	er informa lection Col 300-424-95 -694-1100	mmissi		:				C F				

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j.	TYPE OF COMMITTEE:										
Candidate Committee:											
	(a) This committee is a principal campaign of	ittee is a principal campaign committee. (Complete the candidate information below.)									
	(b) This committee is an authorized committee information below.)	tee, and is NOT a principal campaign committee. (Complete the	candidate								
	Name of Candidate										
	Candidate Office Party Affiliation Sought:	House Senate President	State District								
	(c) This committee supports/opposes only or	ne candidate, and is NOT an authorized committee.									
	Name of Candidate										
	Party Committee:										
	(d) This committee is a	ational, State (Democratic, subordinate) committee of the Republican,									
	Political 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 Labor Or	ganization								
	Membership Organization	Trade Association Cooperat	_								
	In addition, this committee is a	a Lobbvist/Registrant PAC.									
		than one Federal candidate, and is NOT a separate segregated	I fund or party								
	In addition, this committee is a	Lobbyist/Registrant PAC.									
	In addition, this committee is a	a Leadership PAC. (Identify sponsor on line 6.)									
	(g) This committee is an independent expen	nditure-only political committee (Super PAC).									
	In addition, this committee is a	Lobbyist/Registrant PAC.									
	(h) This committee is a political committee w	with both contribution and non-contribution accounts (Hybrid PAG	C).								
	In addition, this committee is a	Lobbyist/Registrant PAC.									
	Joint Fundraising Representative:										
	(1)	lys fundraising expenses and disburses net proceeds for two or f which is an authorized committee of a federal candidate.	more political								
	(1)	lys fundraising expenses and disburses net proceeds for two or is an authorized committee of a federal candidate.	more political								
	Committees Participating in Joint Fundraiser										
	1.	C									
		C									

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٧	Vrite or Type Committee Name			
	Defeat Republi	cans PAC		
6.	Name of Any Connected Or THE BLUE SOUTH F	ganization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Sponsor
	Mailing Address	122 C ST NW		
		SUITE 360		
		WASHINGTON	DC	20001
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Repres	
	netationship.	Organization Allillated Organization	Joint Fundraising Repres	entative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number opt	tional) and position of the pe	rson in possession of committee
	Jackson, St	Ie, , ,		
	Full Name			
	Mailing Address	122 C Street NW		
		Suite 360		
		Washington	, DC	
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	919 - 592 - 9826
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of ssistant treasurer).	the treasurer of the commit	tee; and the name and address of
	Full Name Jackson, Su	ue, , ,		
	of Treasurer			
	Mailing Address	122 C Street NW		
		Suite 360	<u> </u>	
		Washington	DC	
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼	-	–	
	Treasurer		Telephone number	919 - 592 - 9826

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Full Name of Designated Agent	Thoman, Shayne, , ,	
Mailing Address	122 C Street NW	
	Suite 360	
	Washington DC 20	0001
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position \		
Assistant Treasur	rer 919 Telephone number	_ 592 9826
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents
Name of Bank, D	pepository, etc.	
	Bank of America	
Mailing Address	321 Oberlin Rd	
	Raleigh PC 27	7605
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲