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## STATEMENT OF ORGANIZATION

FORM 1		URGANIZI	ATION							
							Office	Use On	ly	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing over the lines.	g, type	12F1	E4M5				
Big Sky Valu	Ies				1 1		1 1	1 1	1 1	
ADDRESS (number ar	nd street)	P.O. Box 1330								
(Check if a	address									
is changed	1)	Helena CITY ▲			STATE	J	59624			
COMMITTEE'S E-MA	IL ADDRES	S								
(Check if a is changed		Dc-compliance@bluewavep	politics.com							
		Optional Second E-Mail Add	dress							
COMMITTEE'S WEB	address	RESS (URL)								
2. DATE 01		D / Y Y Y Y 2025								
3. FEC IDENTIFIC	CATION NU	MBER ► C co	00741611							
4. IS THIS STATEN	IENT	NEW (N) OR		DED (A)						
I certify that I have e	examined thi	s Statement and to the best	of my knowledge ar	nd belief it	is true, o	correct	and co	mplete		
Type or Print Name of	of Treasurer	Petterson, Jay, , ,								
Signature of Treasure	er Petter	son, Jay, , ,			Date	01	/	28		2025
NOTE: Submission of	false, errone	ous, or incomplete information ANY CHANGE IN INFORMAT						nalties d	of 52 U.S	S.C. §3010
Office Use Only			For further in Federal Electic Toll Free 800 Local 202-694	formation co on Commissio 424-9530	ontact:		FI		ORM 06/2012	

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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. (Comp information below.)	lete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	nocratic, ıblican, etc.) Party
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association	cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	pregated 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) X This committee is a political committee with both contribution and non-contribution accounts (Hyl	brid PAC).

## Joint Fundraising Representative:

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

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Write or Type Committee Name	
Pig Sky Values	

## Big Sky Values

6.	Name of Any Connected Or	ganization,	Affiliated	Committee, Joi	nt Fundraising	Representative, or	Leadership PAC Sponsor
	Mailing Address						
				CITY A		STATE A	ZIP CODE
	Relationship: Connected	Organization	Affilia	ted Organization	Joint Fund	raising 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.

Petterson	, Jay, , ,			
Full Name				
Mailing Address	122 C Street NW			
	STE 360			
	Washington		DC 20001	
	CITY 🔺		STATE A	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nun	nber 206 –	682 - 7823

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	Petterson, Jay, , ,
of Treasurer	
Mailing Address	122 C Street NW
	STE 360
	Washington  DC  20001
	CITY A STATE A ZIP CODE A
Title or Position	,
	Telephone number  206  682  7823

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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.

A	malgamated Bank		
Mailing Address	1825 K Street NW		
	Washington		06 
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depc	ository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE