FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Elect Carolyn Long PO Box 821288 ADDRESS (number and street) (Check if address is changed) Vancouver 98682 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) electlong.com (Check if address is changed) DATE 08 2019 C00660472 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Petterson, Jay, , , Type or Print Name of Treasurer Petterson, Jay, , , [Electronically Filed] 07 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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	EC Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE lidate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name Candid	of Long, Carolyn, N	
Candid Party	DEM	State WA sident District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
Name Candid		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6	3.) Its connected organization is a
	Corporation Corporation w/o Capital Stock	Labor 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 ser committee. (i.e., nonconnected committee)	parate segregated 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.)	
Joint	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net procedum committees/organizations, at least one of which is an authorized committee of a federal ca	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	eds for two or more political
	Committees Participating in Joint Fundraiser	
	1.	;
	2.	
	3.	
	4.	

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Write or Type Committee N		
Elect Carolyn	Long	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conno	ected Organization Affiliated Committee Joint Fundraising Representative	re Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the personal	son in possession of committee
Petter Full Name	rson, Jay, , ,	
	119 1st Ave S	
Mailing Address	Ste 320	
	Seattle	98104
Title or Position	CITY STATE	ZIP CODE
Tresurer	Telephone number	682 7328
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and address (phone number optional) of the treasurer of the committee; and address (phone number optional) of the treasurer of the committee; and	nd the name and address of
Full Name Petter of Treasurer	son, Jay, , ,	
Mailing Address	119 1st Ave S	
	Ste 320	
	Seattle	98104
Title or Position	CITY STATE	ZIP CODE
Tresurer	206 	682 - 7328

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, D		
	oxes or maintains funds.	
Name of Bank, D	Depository, etc. Columbia Credit Union	
Name of Bank, D	Depository, etc. Columbia Credit Union	
Name of Bank, D	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave	ZIP CODE
Name of Bank, D	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave Vancouver WA 98661 CITY STATE	
Name of Bank, D	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave Vancouver WA 98661 CITY STATE	
Name of Bank, Dame of Bank, Da	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave Vancouver WA 98661 CITY STATE	
Name of Bank, D	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave Vancouver WA 98661 CITY STATE Depository, etc.	
Name of Bank, Dame of Bank, Da	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave Vancouver Vancouver CITY STATE Depository, etc. Umpqua Bank 1111 3rd Ave Suite 100	
Name of Bank, Dame of Bank, Da	Depository, etc. Columbia Credit Union 3003 NE 62nd Ave Vancouver WA 98661 CITY STATE Depository, etc.	