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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Defeat Republicans PAC 122 C Street NW ADDRESS (number and street) Suite 360 (Check if address is changed) Washington DC 20001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address shayne@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.defeatrepublicans.org (Check if address is changed) DATE 2022 C00755702 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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. Jackson, Sue, , , Type or Print Name of Treasurer Jackson, Sue,,, [Electronically Filed] 06 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
•,			Local 202-694-1100

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TYPE OF COMMITTEE:						
andidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign c information below.)	committee. (Complete the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate	State President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorize	d committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) 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 NO committee. (i.e., nonconnected committee)	T a separate 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.)					
(g) This committee is an independent expenditure-only political committee (Super P	PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-contribution	ion accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·					
(1)	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						
1.	C					
	C					

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٧	/rite or Type Committee Name	_	
	Defeat Republi		
6.	Name of Any Connected On NONE	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represen	tative Leadership PAC Sponso
<u>.</u>	Custodian of Records: Idention books and records.	y by name, address (phone number optional) and position of the perso	on in possession of committee
	Jackson, St	е, , ,	
	Full Name		
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington DC	20001
		077.	7ID 00D5 A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		919 - 592 - 9826
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee ssistant treasurer).	e; and the name and address of
	Full Name Jackson, Sc	e, , ,	1
	of Treasurer	400 0 000 0000	
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		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			
Title ou Decition —	CITY ▲	STATE ▲	ZIP CODE ▲			
Title or Position ▼ Assistant Treasure		Telephone number 919	- 592 - 9826			
Banks or Other D safety deposit boxe	epositories: List all banks or other depositories in whices or maintains funds.	ch the committee deposits funds,	holds accounts, rents			
Name of Bank, De	Name of Bank, Depository, etc.					
	Bank of America					
Mailing Address	321 Oberlin Rd					
	Raleigh	NC 27	605			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			