Only

PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Blue Wave Project PO Box 14172 ADDRESS (number and street) (Check if address is changed) Portland 97293 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janelli@capcompliance.com (Check if address is changed) Optional Second E-Mail Address |fec@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00460972 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. Janelli, Steven, , , Type or Print Name of Treasurer Janelli, Steven, , , [Electronically Filed] 03 15 2021 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 separate se committee. (i.e., nonconnected committee)	gregated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		r age o
Blue Wave Proj		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rshin PAC Sponsor
_	organization, Anniated Committee, John Fundralsing Representative, of Leader	Ship i Ao Sponsoi
Merkley, Jeffrey, , ,		
Mailing Address	PO Box 14172	
J		
	Portland OR 97293	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative X L	eadership PAC Sponsor
books and records. Janelli, Storm Full Name Mailing Address	PO Box 14172 Portland Portland Portland Portland Portland	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Janelli, Ste	even,,,	
of Treasurer	PO Box 14172	
Mailing Address		
	Portland OR 97293	
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC Form	1 (Revised 02/2009)	
Full Name of Designated Agent	Nissen, Melissa, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15180 	
	Washington DC 20003 CITY STATE ZIP	CODE
Title or Position Assistant Treasure		
Danks or Other D	Panacitarias: List all hanks or other denocitaries in which the committee denocite funds halds ass	counts ronts
safety deposit box Name of Bank, De		counts, rents
safety deposit box Name of Bank, De	ces or maintains funds. Pepository, etc. Columbia Bank	counts, rents
safety deposit box Name of Bank, De	kes or maintains funds. epository, etc.	counts, rents
safety deposit boxo Name of Bank, De	ces or maintains funds. iepository, etc. Columbia Bank 1234 SE MLK Jr Blvd	counts, rents
safety deposit boxo Name of Bank, De	ces or maintains funds. Pepository, etc. Columbia Bank	counts, rents
safety deposit boxo Name of Bank, De	Portland Portland	counts, rents
safety deposit boxo Name of Bank, De	Portland CITY STATE ZIP	
safety deposit boxon Name of Bank, De Mailing Address Name of Bank, De Name of Bank, De Mailing Address	Portland CITY STATE ZIP	
safety deposit boxon Name of Bank, Design Mailing Address Name of Bank, Design Mailing Address	Portland CITY STATE ZIP Repository, etc.	
safety deposit boxon Name of Bank, De Mailing Address Name of Bank, De Name of Bank, De Mailing Address	Portland CITY STATE ZIP Amalgamated Bank Amalgamated Bank	
safety deposit boxon Name of Bank, Design Mailing Address Name of Bank, Design Mailing Address	Portland CITY STATE ZIP Amalgamated Bank Amalgamated Bank	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisi r	g Participant:			
1.			FEC ID number	
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected Progress for Oreg		nmittee, Joint Fundr	aising Representati	ve, or Leadership PAC Spon
Mailing Address	PO Box 14172			
ag . taaees				
	Portland		, OR	97293
Relationship:		ΓY Δ	STATE A	
neialionship.	CI	Y A	SIAIE	XIP CODE ▲
	d Organization Affiliated of A		Fundraising Represe	ntative Leadership PAC S
			Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identif			Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identif			Fundraising Represe	Leadership PAC S
esignated Agent: Identif			Fundraising Represe	Leadership PAC S
esignated Agent: Identif	y by name, address (phone r	number – optional)	Fundraising Representation of the second sec	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone r	number – optional)		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone r	number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	ries: List all banks or other of	number – optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wood	ries: List all banks or other of	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone r	number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wood	ries: List all banks or other caintains funds.	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	ries: List all banks or other caintains funds.	number – optional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

h). Joint Fundraisi	3		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Climate Champio	ns PAC		
Mailing Address	PO Box 14172		
	Portland	OR	97293
D 1 1 .	CITY A	STATE ▲	ZIP CODE ▲
Relationship:		Fundraising Representa	ative Leadership PAC Sp
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization X Affiliated Committee Joint	Fundraising Representation	Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization X Affiliated Committee Joint	Fundraising Representation	Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint by by name, address (phone number – optional) CITY		
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint of the price of t	STATE A	ZIP CODE A
Esignated Agent: Identification of the companion of the c	Affiliated Committee Joint of the price of t	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint of the price of t	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

h). Joint Fundraisi	ng ranopan.		per C
1.		FEC ID numb	
2.		FEC ID numb	
3.		FEC ID numb	per C
4		FEC ID numb	per C
	l Organization, Affiliated Committee, Joint F	undraising Represent	ative, or Leadership PAC Spor
Blue Senate PAC	; 		
Mailing Address	PO Box 15293		
	Washington	DC	20003
Relationship:	CITY A	STATI	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC S
esignated Agent: Identi			sentative Leadership PAC S
	ed Organization X Affiliated Committee		sentative Leadership PAC S
esignated Agent: Identi	ed Organization X Affiliated Committee		sentative Leadership PAC S
esignated Agent: Identi	ed Organization X Affiliated Committee		Sentative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee fy by name, address (phone number – optional		
esignated Agent: Identi	Affiliated Committee fy by name, address (phone number – optional	ll)	
esignated Agent: Identi Full Name	Affiliated Committee fy by name, address (phone number – optional content of the	STATE Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee fy by name, address (phone number – optional content of the	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee fy by name, address (phone number – optional content of the	STATE Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee fy by name, address (phone number – optional content of the	STATE Telephone Number	ZIP CODE A