FEC FORM 1	STATEME ORGANIZ		
1. NAME OF	(Check if name	Example:If typing, type	Office Use Ont
COMMITTEE (in full)	is changed)	over the lines.	
· · · · · · · · · · · · · · · · · · ·			
ADDRESS (number and street)	122 C Street NW		
(Check if address)	Suite 360		
is changed)	Washington	· · · · · · · · · · · · ·	DC     20001
			STATE ▲ ZIF
(Check if address	compliance2@bluewa	vepolitics.com	
(Check if address is changed)	compliance2@bluewa	vepolitics.com	
	Compliance2@bluewa		
	Optional Second E-Mail Ad		
<ul> <li>□ is changed)</li> <li>COMMITTEE'S WEB PAGE AD</li> <li>□ (Check if address is changed)</li> </ul>	Optional Second E-Mail Ad		

06/16/2022 19:40

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ZIP CODE▲

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PAGE 1 / 4 -

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or P	rint Name of Tr	easurer H	laggard, Lora, , ,				
Signature	of Treasurer	Haggard, I	Lora, , ,	[E	Electronically Filed]	Date	06 / <sup>D D /</sup> 2022
NOTE: Su	bmission of false		•		ct the person signing		atement to the penalties of 52 U.S.C. §30109 N 10 DAYS.
	Office Use Only			F Tr	or further information ederal Election Commis oll Free 800-424-9530 ocal 202-694-1100		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	r.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of	
(d) This committee is a	emocratic, publican, 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 NOT a separate s committee. (i.e., nonconnected committee)	egregated 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) This committee is a political committee with both contribution and non-contribution accounts (H	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

## (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

(i) Committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.	L														С				
2.	L														С				

FEC Form 1 (Revised 02/2009)
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Write or Type Committee Name

## The Crazy Eight

Mailing Address												I											
		L																					
		L																			- L		
							Cľ	TΥ						ST/	ATE			Z	IP	со	DE		

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Haggard, L	ora, , ,	
Full Name		
Mailing Address	122 C Street NW	
	Suite 360	
	Washington	
	CITY A	STATE ▲ ZIP CODE ▲
Title or Position ▼		
Treasurer	Telephone nur	mber 423 - 443 - 3308

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	Haggard, Lora, , ,
of Treasurer	
Mailing Address	122 C Street NW
	Suite 360
	Washington     DC     20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	)2/2(	009	)																			F	Pag	e 4	۱ ــــــــــــــــــــــــــــــــــــ		
Full Name of Designated Agent										ĺ									ĺ							1	
Mailing Address																											
																								L			
						Cľ	ΤY								:	ST/	ΛTE				ZI	РC		ЭЕ			
Title or Position ▼																											
											Tele	eph	ione	e n	umł	ber				· [_							

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.

1	Amalgamated Bank			1
l				
Mailing Address	1825 K St NW			
	Washington		DC 20006	
			STATE 🔺	ZIP CODE
Name of Bank, De	epository, etc.			
Mailing Address				
		CITY 🔺	STATE ▲	ZIP CODE ▲