**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE P O BOX 4027 ADDRESS (number and street) (Check if address is changed) Seattle 98194 WA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address heather@wa-democrats.org is changed) Optional Second E-Mail Address lora@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.wa-democrats.org (Check if address is changed) DATE 2023 C00114439 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. Type or Print Name of Treasurer Green, David, , 06 18 2025 Signature of Treasurer Green, David, . . 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| FEC 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 info   | rmation below.)                              |
| (b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.)   | ommittee. (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 authorized   | I committee.                                 |
| Name of Candidate  |  |
| Party Committee:   |  |
| (d) X This committee is a STA (National, State or subordinate) committee of the  | (Democratic,<br>EM Republican, etc.) Party   |
| Political Action Committee (PAC):  |  |
| (e) This committee is a separate segregated fund. (Identify connected organization of  | 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 committee. (i.e., nonconnected committee)  | 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 li   | ing 6 \                                      |
|  |  |
| (g) This committee is an independent expenditure-only political committee (Super PA  | AC).   |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| (h) This committee is a political committee with both contribution and non-contribution  | on 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 recommittees/organizations, at least one of which is an authorized committee of a |  |
| (j) This committee collects contributions, pays fundraising expenses and disburses recommittees/organizations, none of which is an authorized committee of a federal |  |
| Committees Participating in Joint Fundraiser   |  |
| 1.   | С  |
|  | C  |

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| Write or Type Committee Name |  |
|------------------------------|--|

| AOI III VO     | TON STATE DEMOCRATIC   | CENTRAL COMMITTEE                             | -   |
|----------------|--|---|---|
|                |  | nt Fundraising Representative, or Leade       | rship PAC Sponsor   |
| IC State Pa    | rty Victory Fund   |   |   |
|                |  |   |   |
| ng Address     | 430 S. Capitol Fund  |   |   |
|                |  |   |   |
|                | Washington   | DC 20003                                      | · , , ] – [ , , , ,   |
|                | CITY ▲   | STATE ▲                                       | ZIP CODE ▲  |
| tionship: C    | Connected Organization Affiliated Organization   | X Joint Fundraising Representative            | Leadership PAC Sponso   |
| todian of Reco | rds: Identify by name, address (phone number o   | ptional) and position of the person in posses | ssion of committee  |
| 1              | Hess, Heather, , ,   |   |   |
| Name _         | .P.O. Box 4027   |   |   |
| ng Address     |  |   |   |
|                |  |   |   |
|                | Seattle  | WA 98194                                      | ·   |
|                | CITY ▲   | STATE ▲                                       | ZIP CODE ▲  |
| or Position ▼  |  |   |   |
| ance Director  |  | Telephone number 206 - [                      | 583   |
|                |  | f the treasurer of the committee; and the     | name and address of   |
|                | Green, David, , ,  |   |   |
| easurer        | 1022 1st Aug   |   |   |
| ng Address     |  |   |   |
|                | Suite 400  |   |   |
|                | Seattle  | WA 98101                                      |   |
|                | CITY ▲   | STATE ▲                                       | ZIP CODE ▲  |
| or Position ▼  |  |   |   |
|                | ng Address  tionship: Control of Records and records.  Name In a Address  or Position Ince Director  surer: List the designated age Name Control of Records. | IC State Party Victory Fund    Mashington     | Washington  CITY ▲ STATE ▲  Stonship: Connected Organization Affiliated Organization X Joint Fundraising Representative  codian of Records: Identify by name, address (phone number optional) and position of the person in posses and records.  Hess, Heather,  Name  P.O. Box 4027  Statte A  CITY ▲ STATE A  Or Position ▼  Ince Director  Telephone number optional) of the treasurer of the committee; and the idesignated agent (e.g., assistant treasurer).  Name  Green, David,  passurer  1932 1st Ave  Seattle WA 98101 |

| FEC Form 1                          | (Revised 02/2009)   | Page <b>4</b>                       |
|-------------------------------------|---|-------------------------------------|
| Full Name of<br>Designated<br>Agent | Hess, Heather, , ,  |                                     |
| Mailing Address                     | P.O. Box 4027   |                                     |
|                                     |   |                                     |
|                                     | Seattle W/  | /A   98194<br>                      |
| Title or Position ▼                 | CITY ▲ STAT   | TE ▲ ZIP CODE ▲                     |
| Finance Director                    | Telephone number  | 206   -   583   -   0664            |
|                                     | Depositories: List all banks or other depositories in which the committee deposes or maintains funds. | posits funds, holds accounts, rents |
| Name of Bank, D                     | epository, etc.   |                                     |
|                                     | Beneficial State Bank   |                                     |
| Mailing Address                     | 2720 Third Avenue   |                                     |
|                                     | Suite 1   |                                     |
|                                     | Seattle   | /A 98121                            |
|                                     | CITY ▲ STATE  | TE ▲ ZIP CODE ▲                     |
| Name of Bank, D                     | epository, etc.   |                                     |
|                                     | Amalgamated Bank  |                                     |
| Mailing Address                     | 1825 K St NW  |                                     |
|                                     |   |                                     |
|                                     | Washington  | C 20006                             |
|                                     | CITY ▲ STATE  | TE ▲ ZIP CODE ▲                     |

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|                            | g Participant:                              |                             |                              |
|----------------------------|---|-----------------------------|------------------------------|
| 1.                         |   | FEC ID number               | С                            |
| 2.                         |   | FEC ID number               | C                            |
| 3.                         |   | FEC ID number               | С                            |
| 4.                         |   | FEC ID number               | С                            |
|                            |   | <u> </u>                    |                              |
| Name of Any Connected      | Organization, Affiliated Committee, Joint F | undraising Representativ    | e, or Leadership PAC Sponsor |
| DEMOCRATIC GRAS            | SSROOTS VICTORY FUND                        |                             |                              |
|                            |   |                             |                              |
|                            |   |                             |                              |
| Mailing Address            | 430 SOUTH CAPITOL ST SE                     |                             |                              |
|                            | 1   |                             |                              |
|                            | WASHINGTON                                  | l DC l                      | 20003                        |
| Relationship:              | CITY A                                      | STATE A                     | ZIP CODE ▲                   |
|                            |   | Joint Fundraising Represent | _                            |
| Designated Agent: Identify | by name, address (phone number - optional   | al)                         |                              |
| Designated Agent: Identify | by name, address (phone number – optiona    | al)                         |                              |
|                            | by name, address (phone number – optional   | al)                         |                              |
| Full Name                  | by name, address (phone number – optional   | al)                         |                              |
| Full Name                  | by name, address (phone number – optional   | al)                         |                              |
| Full Name                  | CITY  | al)  STATE                  | ZIP CODE A                   |
| Full Name                  | CITY  |                             | ZIP CODE A                   |

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| Page | of | 11  |  |

| (h). Joint Fundraising  |  |                            |                              |
|---|--|----------------------------|------------------------------|
| 1   |  | FEC ID number              | C                            |
| 2   |  | FEC ID number              | С                            |
| 3.  |  | FEC ID number              | C                            |
| 4.  |  | FEC ID number              | C                            |
| 7.  |  |                            |                              |
| Name of Any Connected (   | Organization, Affiliated Committee, Joint Fun  | draising Representative    | e, or Leadership PAC Sponsor |
| CANTWELL VICTOR   | Y 2024   |                            |                              |
|   |  |                            |                              |
|   |  |                            |                              |
| Mailing Address   | 401 2ND AVENUE SOUTH   |                            |                              |
|   | SUITE 303  |                            |                              |
|   | SEATTLE  | ı ı WA ı                   | 98104                        |
| Relationship:   | CITY ▲   | STATE A                    | ZIP CODE A                   |
|   |  | SIAIL                      | ZIF CODE A                   |
| Connected   | Organization Affiliated Committee X Joint by name, address (phone number – optional) | int Fundraising Representa | ative Leadership PAC Spor    |
| Connected   |  | int Fundraising Representa | ative Leadership PAC Spon    |
| Connected  Designated Agent: Identify                             |  | int Fundraising Representa | ative Leadership PAC Spor    |
| Connected  Designated Agent: Identify  Full Name                  |  | int Fundraising Representa | ative Leadership PAC Spor    |
| Connected  Designated Agent: Identify  Full Name                  |  | int Fundraising Representa | ative Leadership PAC Spor    |
| Connected  Designated Agent: Identify  Full Name  Mailing Address | by name, address (phone number – optional)   | int Fundraising Representa | Leadership PAC Spor          |
| Connected  Designated Agent: Identify  Full Name                  | by name, address (phone number – optional)   |                            |                              |

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| nected Organization, Aff | filiated Committee, Joint   | FEC ID numb   | er C  | pons  |
|--------------------------|---|---|---|---|
| _                        | filiated Committee, Joint   | FEC ID numb   | er C  | pons  |
| _                        | filiated Committee, Joint   | FEC ID numb   | er C  | pons  |
| _                        | filiated Committee, Joint   |   |   | pons  |
| _                        | filiated Committee, Joint   | Fundraising Represent   | ative, or Leadership PAC S  | pons  |
| _                        | filiated Committee, Joint   | Fundraising Represent   | ative, or Leadership PAC S  | pons  |
| FOMORROW PAC             |   |   |   |   |
|                          |   |   |   |   |
|                          |   |   |   |   |
| P.O. BOX 3307            | 79  |   |   |   |
|                          | <u> </u>  |   |   |   |
| WASHINGTON               | 1   | DC DC   | 20033   | 1 1   |
|                          | CITY A  | STATE   | ZIP CODE  | <b>A</b>  |
|                          |   |   |   |   |
|                          |   |   |   |   |
|                          |   |   |   |   |
|                          |   |   |   |   |
| SITION ▼                 | CITY A  | STATE   | ▲ ZIP CODE ▲  | <b>\</b>  |
|                          |   | Telephone Number  |   |   |
| ::                       | WASHINGTON Washington  Connected Organization  Connected Organization  Connected Organization  Connected Organization | WASHINGTON  Connected Organization Affiliated Committee   It Identify by name, address (phone number – option s  CITY A | WASHINGTON  CITY ▲ STATE  Connected Organization  Affiliated Committee  X Joint Fundraising Representations: Identify by name, address (phone number – optional)  STATE  OSITION ▼ CITY ▲ STATE | WASHINGTON  CITY ▲ STATE ▲ ZIP CODE  Connected Organization |

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| (h). <b>Joint Fundraisi</b>   | ng i ai tioipanti   |                           |                             |
|---|---|---------------------------|-----------------------------|
| 1.  |   | FEC ID number             | С                           |
| 2.  |   | FEC ID number             | С                           |
| 3.  |   | FEC ID number             | C                           |
| 4.  |   | FEC ID number             | С                           |
| Name of Any Connected   | l Organization, Affiliated Committee, Joint Fun   | draising Representativ    | re, or Leadership PAC Spons |
|   |   |                           |                             |
|   |   |                           |                             |
| Mailing Address   | 401 2ND AVE S   |                           |                             |
|   | STE 303   |                           |                             |
|   | SEATTLE   | WA                        | 98104                       |
| Relationship:   | CITY ▲  | STATE ▲                   | ZIP CODE ▲                  |
|   | ed Organization Affiliated Committee X Jo   | int Fundraising Represent | tative Leadership PAC Spo   |
|   |   | int Fundraising Represent | tative Leadership PAC Spo   |
| Designated Agent: Identi  |   | int Fundraising Represent | tative Leadership PAC Spo   |
| Designated Agent: Identi  |   | int Fundraising Represent | tative Leadership PAC Spo   |
| Designated Agent: Identi  |   | int Fundraising Represent | Leadership PAC Spo          |
| Designated Agent: Identi  | fy by name, address (phone number – optional)   | int Fundraising Represent | Leadership PAC Spo          |
| Designated Agent: Identi  Full Name    Mailing Address                  | fy by name, address (phone number – optional)  CITY   |                           |                             |
| Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number  | ZIP CODE A                  |
| Pesignated Agent: Identic Full Name                                     | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number  | ZIP CODE A                  |

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|  | ng Participant:   |                           |                                |
|--|---|---------------------------|--------------------------------|
| 1.   |   | FEC ID number             | С                              |
| 2.   |   | FEC ID number             | С                              |
| 3.   |   | FEC ID number             | С                              |
| 4.   |   | FEC ID number             | С                              |
|  |   |                           |                                |
| -  | d Organization, Affiliated Committee, Joint Fo                                      | ındraising Representativ  | e, or Leadership PAC Sponso    |
| MARIE GLUESENK   | AMP PEREZ VICTORY FUND  |                           |                                |
|  |   |                           |                                |
| Mailing Address  | 401 2ND AVE S   |                           |                                |
|  | STE 303   |                           |                                |
|  | SEATTLE   | WA                        | 98104                          |
| Relationship:  | CITY ▲  | STATE ▲                   | ZIP CODE ▲                     |
| Designated Agent: Ident  | ify by name, address (phone number – optiona  | )                         |                                |
| Designated Agent: Ident  | ify by name, address (phone number – optiona  | )                         |                                |
|  | ify by name, address (phone number – optiona  |                           |                                |
| Full Name  | ify by name, address (phone number – optiona  |                           |                                |
| Full Name  | ify by name, address (phone number – optiona  |                           |                                |
| Full Name  | CITY A  | STATE A                   | ZIP CODE A                     |
| Full Name   _   _    Mailing Address  TITLE OR POSITIO   | CITY A  |                           | ZIP CODE A                     |
| Full Name   _   _    Mailing Address  TITLE OR POSITIO   | CITY A  | STATE A                   | ZIP CODE A                     |
| Full Name Mailing Address  TITLE OR POSITION   | CITY ▲  cries: List all banks or other depositories in wh                           | STATE A  Telephone Number |                                |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions afety deposit boxes or necessity.                                  | CITY ▲  cries: List all banks or other depositories in wh                           | STATE A  Telephone Number |                                |
| Full Name Mailing Address  TITLE OR POSITION   | CITY ▲  CITY ▲  Ories: List all banks or other depositories in whaintains funds.    | STATE A  Telephone Number |                                |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or not be safety.                                | CITY ▲  CITY ▲  Ories: List all banks or other depositories in whaintains funds.    | STATE A  Telephone Number | s funds, holds accounts, rents |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc. | CITY ▲  city A  cories: List all banks or other depositories in what intains funds. | STATE A  Telephone Number | s funds, holds accounts, rents |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc. | CITY ▲  city A  cories: List all banks or other depositories in what intains funds. | STATE A  Telephone Number | s funds, holds accounts, rents |

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| r(h). <b>Joint Fundraisin</b> | g Participant:                              |                              |                              |
|-------------------------------|---|------------------------------|------------------------------|
| 1                             | <u> </u>                                    | FEC ID number                | С                            |
| 2                             |   | FEC ID number                | С                            |
| 3.                            |   | FEC ID number                | С                            |
| 4.                            |   | FEC ID number                | С                            |
|                               |   |                              |                              |
| Name of Any Connected         | Organization, Affiliated Committee, Joint F | Fundraising Representative   | e, or Leadership PAC Sponsor |
| HARRIS VICTORY FU             | JND   |                              |                              |
|                               |   |                              |                              |
|                               |   |                              |                              |
| Mailing Address               | 430 SOUTH CAPITOL STREET SE                 |                              |                              |
|                               | 1   |                              |                              |
|                               | WASHINGTON                                  | l DC l                       | 20003                        |
| Relationship:                 | CITY A                                      | STATE A                      | ZIP CODE ▲                   |
|                               |   | Joint Fundraising Representa |                              |
|                               |   |                              |                              |
| Full Name                     |   |                              | 1 1 1 1 1 1 1 1 1 1          |
| Full Name                     |   |                              |                              |
|                               |   |                              |                              |
|                               |   |                              |                              |
| Mailing Address               | CITY A                                      | STATE A                      | ZIP CODE A                   |
|                               | CITY A                                      | STATE A Telephone Number     | ZIP CODE A                   |

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|  | ng Participant:  |                            |                            |
|--|--|----------------------------|----------------------------|
| 1.   |  | FEC ID number              | C                          |
| 2.   |  | FEC ID number              | С                          |
| 3.   |  | FEC ID number              | C                          |
| 4.   |  | FEC ID number              | С                          |
| Name of Any Connected  | d Organization, Affiliated Committee, Joint Fund   | draising Representative    | e, or Leadership PAC Spons |
|  |  |                            |                            |
|  |  |                            |                            |
| Mailing Address  | 401 2ND AVE S  |                            |                            |
|  | STE 303  |                            |                            |
|  | SEATTLE  | WA                         | 98104                      |
| Relationship:  | CITY ▲   | STATE ▲                    | ZIP CODE ▲                 |
|  | Affiliated Committee X Joint J | nt Fundraising Representa  |                            |
|  |  |                            | Leadership PAC Spo         |
| Designated Agent: Ident  |  |                            |                            |
| Designated Agent: Ident  |  |                            |                            |
| Designated Agent: Ident  |  | In Tundraising Propresente |                            |
| Designated Agent: Ident  | fy by name, address (phone number – optional)  | STATE A                    | ZIP CODE A                 |
| Pesignated Agent: Ident Full Name  Mailing Address   | fy by name, address (phone number – optional)  |                            |                            |
| Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.   | STATE A Telephone Number   | ZIP CODE A                 |
| Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit  afety deposit boxes or not be a position, etc. | fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.   | STATE A  Telephone Number  | ZIP CODE A                 |