Only

STATEMENT OF

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FORM 1		Ol	RGAN	IIZA	TIO	N													
4 NAME OF			N 1 17		F	.1. 16.1			4	_	_		Offi	ce U	se Or	ly			
1. NAME OF COMMITTEE (in	n full)		Check if nam changed)	ne		ole:If ty ne lines		ype		12F	'E4	M5	_	_					
SD PAC																			
ADDRESS (number a	nd street)	122 C Str	eet NW					1 1			ı								Ш
(Check if a is changed		Suite 360			1 1 1	1 1	1 1	1 1	ı	1 1	I	1 1		ı	l I	ı	l I	ı	.
is changed	1)	Washingto	on 「Y ▲							DC STAT	E A	L	2000	01	ZI		DDE	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRES	SS																	
X ◀ (Check if a is changed		dc-comp	liance@blue	wavepo	litics.con	ı 													Ш
		Optional S	Second E-M	ail Addr	ess														
		NDEOC (UD	u																
COMMITTEE'S WEB		•	iL) ocracypac.cor	m															
is changed																			
2. DATE 00	M / D 06		Y Y Y Y 2025																
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C00	757419														
4. IS THIS STATEM	MENT	NEW	(N) C	R	×	AME	NDED	(A)											
I certify that I have e	examined thi	s Statemer	nt and to the	e best o	f my kn	owledge	and b	oelief	it is	true,	corı	rect a	and	com	plete				
Type or Print Name	of Treasurer	Henry, Ji	m, , ,																
Signature of Treasure	er Henry	, Jim, , ,							Da	ate	T.	06	1	0	6	1	20	25	Y
NOTE: Submission of	false, errone		mplete inforn		-			-						oena	lties o	of 52	U.S.	 C. §3	30109
Office Use					F	or furthe ederal Ele oll Free 8	ection C	commis		act:			l		C F		M 1	l	

Local 202-694-1100

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	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the candidate information below.)	ı
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President District	-
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party	,
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ion is a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p committee. (i.e., nonconnected committee)	arty
	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 (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more policommittees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more policommittees/organizations, none of which is an authorized committee of a federal candidate.	tical
	Committees Participating in Joint Fundraiser	
	1C	
	2.	

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٧	Vrite or Type Committee Name		
	SD PAC		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
	CRUSH MAGA PAC		
	Mailing Address	122 C STREET NW SUITE 360	
		WASHINGTON	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	ve Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the person in	n possession of committee
	Henry, Jim,		
	Full Name	,, 	
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington	20001
		OLIV A	7ID 00DF A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	6 680 3316
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	nd the name and address of
	Full Name Henry, Jim, of Treasurer	,, 	
		122 C Street NW	
	Mailing Address	Suite 360	
		₁ Washington	120001
	Title or Desition —	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	. 24	6 680 2216
	Treasurer	Telephone number	6 - 680 - 3316

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Full Name of	. (Honoca 32/2000)	i ago i	
Designated Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲	
		phone number	
Banks or Other safety deposit b	Depositories: List all banks or other depositories in which the oxes or maintains funds.	e committee deposits funds, holds accounts, rents	
Name of Bank,	Depository, etc.		
	Bank of America		, I
Mailing Address	321 Oberlin Rd		
			. 1
	Raleigh	NC 27605	
	CITY A	STATE ▲ ZIP CODE ▲	
Name of Bank,	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲ ZIP CODE ▲	

FEC Form 1S (Revised 02/2017)

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

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1			
2		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
DEMOCRACY ON T	HE LINE 		
Mailing Address	122 C STREET NW		1 1 1 1 1 1 1 1 1
	SUITE 360		<u> </u>
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi			
esignated Agent: Identi	CITY	STATE A	ZIP CODE A

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

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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
lame of Any Connected STOP PROJECT 20	Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	122 C STREET NW		
	SUITE 360		
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee Ty by name, address (phone number – optional	Joint Fundraising Represent	tative Leadership PAC Spo
			tative Leadership PAC Spo
Designated Agent: Identi			Leadersnip PAC Spo
Pesignated Agent: Identif			Leadersnip PAC Spo
Pesignated Agent: Identif			Leadersnip PAC Spo
Pesignated Agent: Identif	by by name, address (phone number – optiona		ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optiona		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional control of the contro	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional control of the contro	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank,	CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Identification Full Name	cy by name, address (phone number – optional control of the contro	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Identification Full Name	cy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents