Only

STATEMENT OF

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FORM 1		0	RGANIZ	ZATI	ON						_	Office I	lse On	lv		
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		ample:If er the lin		type	1	2FE	E4M				.y		
SD PAC									ı							
	1 1 1			1 1 1	1 1	1 1 1	1 1	1 1	ı	l l	1 1	ı	1 1	1 1	1 1	. 1
ADDDEOC /		122 C Str	eet NW													
ADDRESS (number a	•	Suite 360														
is changed		Washingt	on						DC		120	001				
			.σπ ΓΥ Δ					L	TATE					_ -[DE 🛦	
								J	.,	_					<i></i>	
COMMITTEE'S E-MA																
		sue@blu	uewavepolitics.co	m 												
			Second E-Mail A													
		uc-compil	arice @ bidewavepo	mics.com												
COMMITTEE'S WEB		•	•													
		savedemo	ocracypac.com													
		1		1 1 1	1 1		1 1	1 1	ı			ı	1 1	1 1	1 1	ı I
2. DATE 0			y y y 2024													
3. FEC IDENTIFIC	CATION N	IUMBER >	C	C007574	19											
4. IS THIS STATEM	MENT	NEW	(N) OR	>	× AI	MENDEI	D (A)									
certify that I have e	examined ¹	this Statemer	nt and to the be	st of my	knowled	ge and	belief	it is tı	ue, c	correc	et and	d con	plete	•		
Type or Print Name	of Treasur	er <u>Jackson,</u>	Sue, , ,													
Signature of Treasure	er J <u>ac</u> l	kson, Sue, , ,						Dat	e	0)5	/ Y	2024	
NOTE: Submission of	false, error		omplete informatio	-								pena	ılties o	of 52	U.S.C.	§30109
Office Use					Federal	her infor Election 800-424	Commis		et:				C F			

Toll Free 800-424-9530

Local 202-694-1100

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FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate inf	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of 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 authorized	
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 NC 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 F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	tion 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	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a feder	
Committees Participating in Joint Fundraiser	
1.	C

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٧	Irite or Type Committee Name		
	SD PAC		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	CRUSH MAGA PAC		
	Mailing Address	122 C STREET NW SUITE 360	
		WASHINGTON DC 20001	<u> </u>
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	,	5 5	,
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Jackson, S	ue, , ,	
	i dii Ivaille	,122 C Street NW	
	Mailing Address		
		Suite 360	
		Washington DC 20001	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	·	. 040	502 0026
	Treasurer	Telephone number	592 - 9826
3.		d address (phone number optional) of the treasurer of the committee; and the	name and address of
	any designated agent (e.g., a	assisiani ireasurer).	
	Full Name Jackson, S	ue,,,	
	of Treasurer	100.00	
	Mailing Address	122 C Street NW	
		Suite 360	
		Washington DC 20001	<u> </u>
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OIT A STATE A	ZII OODL 🛋
	Treasurer	919	592 9826
		Telephone number	

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Full Name of Designated Thom Agent	nan, Shayne, , ,		
Mailing Address	122 C Street NW		
	Suite 360		
	Washington	DC	20001
Tille on Dorling	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼ Assistant Treasurer			
Assistant Treasurer		Telephone number	
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in w maintains funds.	hich the committee deposits fur	nds, holds accounts, rents
Name of Bank, Deposito	ory, etc.		
Banl	k of America		1
Mailing Address	321 Oberlin Rd		
	Raleigh	NC NC	27605
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposito	ory, 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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		FEC ID	numher	
			Harribor	C
		FEC ID	number	C
		FEC ID	number	С
		FEC ID	number	C
ected Organization, A	filiated Committee, Joint	Fundraising Rep	resentative	, or Leadership PAC Spon
ON THE LINE				
122 C STREE	T NW			
SUITE 360				
WASHINGTO	N		DC	20001
	CITY A		STATE A	ZIP CODE ▲
TION ▼	CITY A		STATE A	ZIP CODE A
	SUITE 360 WASHINGTO	DN THE LINE 122 C STREET NW SUITE 360 WASHINGTON CITY nected Organization Affiliated Committee	DN THE LINE 122 C STREET NW SUITE 360 WASHINGTON CITY	SUITE 360 WASHINGTON CITY STATE nected Organization Affiliated Committee Joint Fundraising Representa

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

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(h). Joint Fundraisin	g Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
STOP PROJECT 202	25		
Mailing Address	122 C STREET NW		
	SUITE 360		
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponso
Designated Agent: Identify	y by name, address (phone number – optional)		
Designated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	lephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY CITY Te ries: List all banks or other depositories in which to	lephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito	CITY CITY Te ries: List all banks or other depositories in which taintains funds.	lephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or material depositions and the safety depositions and the safety depositions are safety depositions. Name of Bank,	CITY CITY Te ries: List all banks or other depositories in which taintains funds.	lephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which taintains funds.	lephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which taintains funds.	lephone Number	s funds, holds accounts, rents