Image# 202408299675293859							2024 13 : 54	
FEC FORM 1	STATEMEN ORGANIZA				0,5		PAGE 1 / 8 =	٦
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12F	E4M5	Office	Use Only		
Mondaire for Congr		over the lines.						
	PO Box 873							
ADDRESS (number and street)								
is changed)	Sleepy Hollow		I NY		10591			
			STATE			ZIP	- L CODE ▲	
COMMITTEE'S E-MAIL ADDRES	SS							
(Check if address is changed)	sue@bluewavepolitics.com							
	Optional Second E-Mail Add							
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	PRESS (URL)							
2. DATE 08 / 29	D / Y Y Y Y 2024							
3. FEC IDENTIFICATION NU	MBER ► C co	00711150						
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)						
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief it i	is true,	correct	and co	mplete.		
Type or Print Name of Treasurer	Jackson, Sue, , ,							
Signature of Treasurer Jacks	on, Sue, , ,		Date	M = M 08	/	29	y y y 2024	Y
NOTE: Submission of false, errone		may subject the person signing th TON SHOULD BE REPORTED V				alties of	52 U.S.C. §30	0109.

Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)
Only		Local 202-694-1100	

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Complet information below.)	te the candidate
Name of Jones, Mondaire, , , Candidate	
Candidate Office	State NY
Party Affiliation DEM Sought: X House Senate President	District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Candidate Party Committee: (A) This committee is a (National, State or subordinate) committee of the Republic	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
Corporation Corporation w/o Capital Stock	or Organization
Membership Organization Trade Association Coo	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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 (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 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.
 2.

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

## Mondaire for Congress

6.	Name of Any Connected Or	ganization, Affiliated	Committee	, Joint	Fundrais	sing Repr	esentative, or	Leadership PAC	C Sponsor
	Jones Victory Fund								
	Mailing Address	122 C Street NW							
		Suite 360							
		Washington						20001	-
			CITY 🔺				STATE A	ZIP CC	DE 🔺
	Relationship: Connected	Organization Affilia	ated Organiza	ation	× Joint	Fundraisinę	g Representative	Leadersh	nip PAC Sponsor

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

Thoman, S	hayne, , ,				
Full Name					
Mailing Address	122 C St NW				
	Suite 360				
	Washington			DC 20001	
		CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼					
Compliance Director			Telephone nur	mber 919 – [	592 9826

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	Jackson, Sue, , ,
of Treasurer	
Mailing Address	122 C St NW
	Suite 360
	Washington         DC         20001
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Image: Second state     Image: Second state     919     592     9826       Image: Second state     Image: Second state     Image: Second state     919     1mage: Second state

FEC	Form	1	(Revised	02/2009)	
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Full Name of Designated Agent	Thoman, Shayne, , ,	
Mailing Address	122 C St NW	
	Suite 360	
	Washington         DC         20001	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Assistant Treasure	r Telephone number	

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.

	Amalgamated Bank			
Mailing Address	275 7th Ave			
	New York		NY 10001	
		CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.			
Mailing Address				
		CITY 🔺	STATE A	ZIP CODE ▲

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	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number	
	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sp	onsor
	Mailing Address	PO BOX 65322		
			DC 20035	
	Relationship:		STATE A ZIP CODE	
			Eundraising Representative Leadership PAC	Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify     Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name		Image: State ▲       ZIP CODE ▲         State ▲       Image: State ▲	
9.	Full Name Mailing Address TITLE OR POSITION		ephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mai Name of Bank,		ephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail         Name of Bank,         Depository, etc.		ephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or mail         Name of Bank,         Depository, etc.		ephone Number	

	oonit i anaraionig	Participant:						
1.				FEC I	D number	С		
2.				FEC I	D number	С		
з. 🗆				FEC I	D number	С		
4. 🗌				FEC I	D number	С		
Name c	of Any Connected C	rganization, Affiliated	Committee, Joint F	undraising Re	presentative	e, or Leader	ship PAC Spo	nsor
HOL		OJECT 2024						
		1 600 PENNSYLVANIA A	VE SE #15180					
М	ailing Address							
						20003		
R	elationship:		CITY A		STATE 🔺		ZIP CODE	
-	Name	by name, address (phor	ne number – optiona	1)				
					1 I I I	1 I I I		
		<u> </u>		<u> </u>				
	ing Address							
Mail	ing Address							
Mail				Telephone 1				

or(h). Joint Fundraising	J 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 (	Drganization, Affiliated Committee, Joint Fund	raising Banrasantativa	or Leadershin BAC Sponsor
DEMOCRACY SUMM	-		
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
			_
Relationship:		STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee X Join	t Fundraising Representativ	ve Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE
	· · · · · · · · · · · · · · · · · · ·	elephone Number	
safety deposit boxes or mai	ies: List all banks or other depositories in which ntains funds.	the committee deposits	runds, noids accounts, rents
Name of Bank,			
Depository, etc.			
Mailing Address			

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2			FEC ID number	С
3			FEC ID number	С
4			FEC ID number	C
6. <b>Nam</b>	e of Any Connected C	Drganization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Mailing Address	124 WASHINGTON ST		
		SUITE 101		
			MA	02035
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)		
	gnated Agent: Identify	by name, address (phone number - optional)		
F		by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name			
F	ull Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
9. <b>Bank</b>	Full Name		elephone Number	
9. <b>Bank</b>	Tull Name		elephone Number	
9. Bank safety Name	Full Name		elephone Number	
9. Bank safety Name	Full Name		elephone Number	
9. Bank safety Name	Full Name		elephone Number	
9. Bank safety Name	Full Name		elephone Number	