

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Elect Carolyn Long

ADDRESS (number and street)

PO Box 821288

Check if different than previously reported. (ACC)

Vancouver

WA

98682

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00660472

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

WA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2018

through

M M /

D D /

Y Y Y Y 2018

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

Type or Print Name of Treasurer

Petterson, Jay, , ,

Signature of Treasurer

Petterson, Jay, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Elect Carolyn Long

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	311077.16
(b) Total Contribution Refunds (from Line 20(d))	0.00	18538.41
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	292538.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21112.89	3714904.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1962.85
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21112.89	3712941.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30151.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Elect Carolyn Long

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	2081.70
(c) Other Political Committees (such as PACs).....	0.00	306098.56
(d) The Candidate.....	0.00	2896.90
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	311077.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	336126.02
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1962.85
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	654666.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21112.89	3714904.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	5500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	5500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	18538.41
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18538.41
21. OTHER DISBURSEMENTS	0.00	113989.63
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21112.89	3852932.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	51264.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	51264.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21112.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30151.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Elect Carolyn Long

Full Name (Last, First, Middle Initial) A. Blue Wave Political Partners LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018
Mailing Address 119 1St Ave S Ste 320		FEC Identification Number C
City Seattle	State WA	Zip Code 98104-3424
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/Type	Transaction ID : VVAKEA19YH8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Blue Wave Political Partners LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018
Mailing Address 119 1St Ave S Ste 320		FEC Identification Number C
City Seattle	State WA	Zip Code 98104-3424
Purpose of Disbursement Consultant Travel/Shipping Expense Reimbursement		Amount of Each Disbursement this Period 1541.49
Candidate Name	Category/Type	Transaction ID : VVAKEA19YJ6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Blue Wave Political Partners LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018
Mailing Address 119 1St Ave S Ste 320		FEC Identification Number C
City Seattle	State WA	Zip Code 98104-3424
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/Type	Transaction ID : VVAKEA19YN9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6541.49
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Elect Carolyn Long

Full Name (Last, First, Middle Initial) A. Nate Hildebrand			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2018		
Mailing Address 235 NE Ivy St			FEC Identification Number C		
City Portland	State OR	Zip Code 97212-2041	Amount of Each Disbursement this Period 120.00		
Purpose of Disbursement Website Maintenance		Category/ Type	Transaction ID : VVAKEA19YA3		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Nate Hildebrand			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2018		
Mailing Address 235 NE Ivy St			FEC Identification Number C		
City Portland	State OR	Zip Code 97212-2041	Amount of Each Disbursement this Period 121.00		
Purpose of Disbursement Website Maintenance		Category/ Type	Transaction ID : VVAKEA19YB0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. NGP Van, Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2018		
Mailing Address PO Box 392264			FEC Identification Number C		
City Pittsburgh	State PA	Zip Code 15251-9264	Amount of Each Disbursement this Period 140.00		
Purpose of Disbursement Database		Category/ Type	Transaction ID : VVAKEA19YC8		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	381.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Elect Carolyn Long

Full Name (Last, First, Middle Initial) A. NGP Van, Inc			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2018	
Mailing Address PO Box 392264			FEC Identification Number C	
City Pittsburgh	State PA	Zip Code 15251-9264	Amount of Each Disbursement this Period 1650.00	
Purpose of Disbursement Database		Category/Type	Transaction ID : VVAKEA19YK4	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NGP Van, Inc			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2018	
Mailing Address PO Box 392264			FEC Identification Number C	
City Pittsburgh	State PA	Zip Code 15251-9264	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement Database		Category/Type	Transaction ID : VVAKEA19YF2	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Thimios, Michelle, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2018	
Mailing Address 2309 N Woodlawn Ave			FEC Identification Number C	
City McHenry	State IL	Zip Code 60051	Amount of Each Disbursement this Period 540.40	
Purpose of Disbursement Database Travel Reimbursement (memos below if itemized)		Category/Type	Transaction ID : VVAKEA19YE4	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2790.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Elect Carolyn Long

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2018
Mailing Address 233 S Wacker Dr		FEC Identification Number C
City Chicago	State IL	Zip Code 60606-7147
Purpose of Disbursement Air Travel	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 540.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VVAKEA1A456
State: District:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) B. Z Tribeca		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2018
Mailing Address 494 8Th Ave Fl 22		FEC Identification Number C
City New York	State NY	Zip Code 10001-2519
Purpose of Disbursement Advertising Production	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 11400.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VVAKEA19YP7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11400.00
TOTAL This Period (last page this line number only).....▶	21112.89

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Elect Carolyn Long

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cerillion N4 Partners			Nature of Debt (Purpose): Post Election Analysis Consulting
Mailing Address 500 Union St Ste 909			
City Seattle	State WA	Zip Code 98101-4052	

Outstanding Balance Beginning This Period 0.00		Transaction ID : VV8MY9HA4B9	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	10000.00
2) TOTALS This Period (last page this line number only)	▶	10000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	10000.00