

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Melisa for Minnesota

ADDRESS (number and street) (Check if address
is changed) P.O. Box 610

Hopkins

MN

55343

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

jay@bluewavepolitics.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

https://www.melisaforminnesota.com/

2. DATE

M M / D D / Y Y Y Y
03 / 10 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00899310

4. 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 Petterson, Jay, , ,

Signature of Treasurer Petterson, Jay, , ,

Date M M / D D / Y Y Y Y
03 / 10 / 2025NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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

1825 K Street NW

Washington

DC

20006

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲