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12/13/2024 15 : 02

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 9
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Rudy Salas for Co	ongress			
	PO Box 42257			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Bakersfield CITY ▲		CA 93384 STATE ▲	
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address is changed)	compliance@bluewavepolitic	s.com		
0 /	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL) _RudySalas.com			
2. DATE 10	13 ⁷ 2024			
3. FEC IDENTIFICATION N	NUMBER ► C con	0791756		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best of	of my knowledge and belief it i	s true, correct and c	omplete.
Type or Print Name of Treasu	rer Petterson, Jay, , ,			
Signature of Treasurer Per	tterson, Jay, , ,		Date 12	D D / Y Y Y Y Y 13 2024
NOTE: Submission of false, erro	neous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		enalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	n F	EC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Salas, Rudy, , , Candidate State CA Candidate Office Dem House Senate President Party Affiliation Sought: District 22 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 NOT a separate segregated fund or party committee. (i.e., nonconnected committee) 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).

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.
 (j) Committees Participating in Joint Fundraiser
 1.
 2.

Relationship:

FEC Form 1 (Revis	sed 02/2009)														Pa	ige 3	3		
Write or Type Committee N	lame																		
Rudy Salas fo	or Congress									_	_	_		_	_	_	_		
6. Name of Any Connected	ed Organization, Affiliated Cor	mmittee, J	loint I	Fund	raisi	ng F	lepre	senta	ative	, or	Lea	adeı	rshi	ip F	'nC	Sp	on	sor	
) 			<u> </u>														
					<u> </u>														
Mailing Address	499 S CAPITOL ST SW																		
	SUITE 420																		
	WASHINGTON								;		20	0003) 			-			
	С							STAT	E 🔺				Z	ΊΡ (CO	DE			

Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership 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.

Petterson,	Jay, , ,	
Full Name		
Mailing Address	401 2nd Ave S Ste 303	
	Seattle WA 98104 - - - -	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Treasurer	Telephone number 206 682 732	:8

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 of Treasurer	Petterson, Jay, , ,
Mailing Address	401 2nd Ave S Ste 303
	Seattle WA 98104
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image: Telephone number 206 682 7328

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

Ban	k of America		
Mailing Address	2708 Ming Ave		
	Bakersfield	CA 93304	•
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, Deposite	ory, etc.		
Ama	algamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY A	STATE A	ZIP CODE

or (h). Joint Fundraisin	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
RUDY SALAS VICTO			
Mailing Address	122 C ST NW STE 360		
	WASHINGTON		20001
		STATE A	
Relationship:		SIAL	
Connecter		Fundraising Representa	ative Leadership PAC Spons
Connecter	d Organization		ative Leadership PAC Spons
Designated Agent: Identify	d Organization		ative Leadership PAC Spons
Designated Agent: Identify	d Organization		ative Leadership PAC Spons
Designated Agent: Identify	d Organization		ative Leadership PAC Spons
Connected Designated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee Joint F		ative Leadership PAC Spons
Connected Designated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee Joint F	Fundraising Representation	
Designated Agent: Identify	d Organization Affiliated Committee Joint F	Fundraising Representation	
Connected Connec	d Organization Affiliated Committee X Joint F y by name, address (phone number – optional) CITY ▲ CITY ▲ Tele	Fundraising Representa	
Connected Connec	d Organization Affiliated Committee X Joint F y by name, address (phone number – optional) CITY ▲ CITY ▲ Tele	Fundraising Representa	
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Connected Connec	d Organization Affiliated Committee X Joint F y by name, address (phone number – optional) CITY ▲ CITY ▲ Tele	Fundraising Representa	

5(g) or (h)	Joint Fundraising	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. Na r	me of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e. or Leadership PAC Sponsor
		-		· · · ·
L				
	Mailing Address	600 PENNSYLVANIA AVE SE #15180		
				20003
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization	Fundraising Representa	ative
3. Des	Full Name	by name, address (phone number - optional)		
	Mailing Address			
		1		
		1		-
	TITLE OR POSITION		STATE A	ZIP CODE 🔺
	1		ephone Number	
	nks or Other Depositor ety deposit boxes or ma	ries: List all banks or other depositories in which t intains funds.	he committee deposit	s funds, holds accounts, rents
	ne of Bank, pository, etc.			
	Mailing Address			
				1 1 1

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5(g) or (I	h). Joint Fundraising	Participant:			
	1			FEC ID number	C
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	С
6. N a	ame of Any Connected	Drganization, Affiliated Committe	e Joint Fundraisi	na Ronrosontative	or Leadershin PAC Sponsor
0. 10	BLUE TO THE FUTU				
	Mailing Address		SE		
		2ND FLOOR			
		WASHINGTON			20003
	Relationship:			STATE A	
	Connected	Organization Affiliated Comm	ttee X Joint Fun	draising Representa	ative Leadership PAC Sponsor
8. D e	esignated Agent: Identify	by name, address (phone numbe	r – optional)		
8. D e	Full Name	by name, address (phone numbe	r — optional)		
8. D e		by name, address (phone numbe	r — optional)		
8. D e	Full Name	by name, address (phone numbe	r – optional)		
8. De	Full Name	by name, address (phone numbe	r — optional)		
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8. De	Full Name				ZIP CODE ▲
9. B a	Full Name			none Number	
9. B a sa	Full Name Mailing Address TITLE OR POSITION			none Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION			none Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION			none Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc			none Number	
9. Ba sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc			none Number	

1. 💷				FEC ID	number	С			
2.				FEC ID	number	С			
3.				FEC ID	number	С			
4.				FEC ID	number	С			
	-	-	iliated Committee, Joint Fu	ndraising Rep	resentative	e, or Le	adershi	p PAC S	sponsor
Maili	ng Address	600 PENNSYL	ANIA AVE SE #15180						
IVIAIIII	ly Address								
		WASHINGTON					0003		
					STATE 🔺		ZIF	CODE	
		Organization		oint Fundraising		ative	Lead		
	Connected					ative	Lead		
Designated Full Na	Connected		Affiliated Committee X J				Lead		
Designated Full Na	Connected		Affiliated Committee X J			ative	Lead		
Designated Full Na	Connected		Affiliated Committee X J			ative	Lead		
Designated Full Na	Connected		Affiliated Committee X Ja		Representa	ative		ership PA	AC Spons
Designated Full Na Mailing	Connected	by name, addres	Affiliated Committee X J			ative			AC Spons

		g Participant:											
1. 🗋						FEC	ID numbe	r C	;				
2.						FEC	ID numbe	r C	;				
з. 🗋						FEC	ID numbe	r C	;				
4.						FEC	ID numbe	r C	;				
	f Any Connected				oint Fundr	aising F	Representat	tive, o	r Lead	dershi	ip PA	C Sp	onso
GRA)									
Ma	ailing Address	122 C ST NW	1										
IVIC	aning Address	STE 360											
									200	01			
												-	
Pe	lationship:												
	ted Agent: Identify	Organization by name, addre	Affiliated	ITY ▲ Committee number – c		Fundrais	STATE)			DE A	
Designa	Connected	-	Affiliated	Committee		Fundrais							
Designa Full	Connected	-	Affiliated	Committee		Fundrais							
Designa Full	ted Agent: Identify	-	Affiliated	Committee		Fundrais							
Designa Full	ted Agent: Identify	-	Affiliated	Committee		Fundrais							
Designa Full Maili	Connected	by name, addr	Affiliated	Committee		Fundrais		entative					
Designa Full Maili	ted Agent: Identify	by name, addr	Affiliated	Committee	ptional)		sing Represe	entative			lershi		