07/23/2024 11 : 05

| STATEMENT  | OF |
|------------|----|
| ORGANIZATI | ON |

| FEC<br>FORM 1  | STATEMENT OF<br>ORGANIZATION  | PAGE 1 / 4                               |
|--|---|--|
| 1. NAME OF<br>COMMITTEE (in full)                          | (Check if name Example: If typing, ty<br>is changed) over the lines.                                    | · · · · · · · · · · · · · · · · · · ·    |
| Sam Eppler for C   |   |  |
|  |   |  |
| ADDRESS (number and street)                                | 3419 Westminster Ave  |  |
| (Check if address is changed)                              | Box 268   |  |
|  | Dallas<br>└   | TX 75205                                 |
| COMMITTEE'S E-MAIL ADD                                     | RESS  |  |
| (Check if address is changed)                              | shayne@bluewavepolitics.com   |  |
|  | Optional Second E-Mail Address<br>sue@bluewavepolitics.com  |  |
| COMMITTEE'S WEB PAGE A<br>(Check if address<br>is changed) | ADDRESS (URL)   |  |
| 2. DATE 07   | 23 / Y Y Y Y<br>23 2023   |  |
| 3. FEC IDENTIFICATION                                      | NUMBER ► C C00841619  |  |
| 4. IS THIS STATEMENT                                       | NEW (N) OR × AMENDED  | (A)                                      |
| I certify that I have examined                             | d this Statement and to the best of my knowledge and b  | pelief it is true, correct and complete. |
| Type or Print Name of Trease                               | urer Andrade, Alex, , ,   |  |
| Signature of Treasurer A                                   | ndrade, Alex, , ,   | Date 07 / 23 / 2024                      |
| NOTE: Submission of false, en                              | roneous, or incomplete information may subject the person s<br>ANY CHANGE IN INFORMATION SHOULD BE REPO |  |
| Office<br>Use<br>Only                                      | For further inform<br>Federal Election C<br>Toll Free 800-424-<br>Local 202-694-110                     | 9530 FEC FORM I<br>(Revised 06/2012)     |

| FEC 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 info                                      | rmation below.)                              |  |  |  |  |  |  |  |
| (b) This committee is an authorized committee, and is NOT a principal campaign co   | ommittee. (Complete the candidate            |  |  |  |  |  |  |  |
| Name of Eppler, Sam, , , Candidate  |  |  |  |  |  |  |  |  |
| Candidate DEM Office Sought: X House Senate   | President District 24                        |  |  |  |  |  |  |  |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized  | committee.                                   |  |  |  |  |  |  |  |
| Name of   Candidate   Image: Conditional state  |  |  |  |  |  |  |  |  |
| (d) This committee is a (National, State<br>or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party      |  |  |  |  |  |  |  |
| Political Action Committee (PAC):   |  |  |  |  |  |  |  |  |
| (e) This committee is a separate segregated fund. (Identify connected organization c                                      | 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 NOT committee. (i.e., nonconnected committee) | 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 li  | ine 6.)                                      |  |  |  |  |  |  |  |
| (g) This committee is an independent expenditure-only political committee (Super PA                                       | AC).   |  |  |  |  |  |  |  |
| 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.

Г

| I  |        |       |       |      |     |      |     |     |     |      |      |     |     |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     |     |
|----|--------|-------|-------|------|-----|------|-----|-----|-----|------|------|-----|-----|------|-----|---|----|-----|------|-------|-----|------|-----|------|------|------|-----|-----|-----|-----|-----|-----|------|-----|------|------|------|-----|------|-----|-----|
|    |        | FE    | C Fo  | orm  | 1 ( | Rev  | ise | d 0 | 2/2 | 009  | )    |     |     |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      | F    | Pag | ge 3 | 3   |     |
| W  | rite o | or Ty | pe (  | Corr | mit | tee  | Nar | me  |     |      |      |     |     |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     |     |
|    | Sa     | am    | ۱E    | pp   | ble | er f | or  | r C | 20  | nç   | gre  | es  | S   |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     |     |
| 6. | Nam    | ne c  | of Ai | ny ( | Con | nec  | ted | 0   | rga | niza | atio | on, | Aff | ilia | ted | C | om | mit | ttee | e, Jo | oin | t Fi | uno | drai | isir | ng I | Rep | ore | sen | tat | ive | , o | r Lo | eac | lers | ship | ) P/ | AC  | Sp   | ons | sor |
|    | , EF   | PL    | EF    | r v  | IC. | τо   | R١  | ΥF  | U   | NC   | )    |     |     |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     | r   |
|    |        |       |       |      |     |      |     |     |     |      |      |     |     |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     |     |
|    | Ι.     |       |       |      |     |      |     |     |     |      |      |     |     |      | 1   |   |    |     |      |       |     |      | 1   |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     | .   |
|    |        |       |       |      |     |      |     |     |     |      |      |     |     |      |     |   |    |     |      |       |     |      |     |      |      |      |     |     |     |     |     |     |      |     |      |      |      |     |      |     |     |

| Mailing Address         | 122 C ST NW   |  |
|-------------------------|---|--|
|                         | STE 360   |  |
|                         |   | DC                                       |
|                         | CITY 🔺  | STATE ▲ ZIP CODE ▲                       |
| Relationship: Connected | Organization Affiliated Organization X Joint Fundraisin | ng 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.

| Jackson, S  | Je, , ,         |          |  |  |  |  |  |  |
|---|-----------------|----------|--|--|--|--|--|--|
| Full Name   |                 |          |  |  |  |  |  |  |
| Mailing Address   | 122 C Street NW |          |  |  |  |  |  |  |
|   | Suite 360       |          |  |  |  |  |  |  |
|   | Washington      | 20001    |  |  |  |  |  |  |
|   | CITY ▲ STATE ▲  | ZIP CODE |  |  |  |  |  |  |
| Title or Position ▼   |                 |          |  |  |  |  |  |  |
| Assistant Treasurer     919     592     9826       Telephone number     919     919     919     919 |                 |          |  |  |  |  |  |  |

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

| Full Name           | Andrade, Alex, , ,   |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|
| of Treasurer        |  |  |  |  |  |  |  |  |
| Mailing Address     | 3419 Westminster Ave   |  |  |  |  |  |  |  |
|                     | Box 268  |  |  |  |  |  |  |  |
|                     | Dallas TX 75205  |  |  |  |  |  |  |  |
|                     | 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 1 |  |  |  |  |  |  |  |

| FEC Form 1 (Revised | d 02/2009) |
|---------------------|------------|
|---------------------|------------|

| Full Name of<br>Designated<br>Agent | Thoman, Shayne, , ,               |
|-------------------------------------|-----------------------------------|
| Mailing Address                     | 122 C Street NW                   |
|                                     | Suite 360                         |
|                                     | Washington     DC     20001       |
|                                     | CITY ▲ STATE ▲ ZIP CODE ▲         |
| Title or Position                   |                                   |
| Compliance Direc                    | tor Telephone number 919 592 9826 |

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 St NW     |        |         |          |
|                 |                  |        |         |          |
|                 | Washington       |        |         |          |
|                 |                  | CITY ▲ | STATE ▲ | ZIP CODE |
| Name of Bank, D | epository, etc.  |        |         |          |
|                 |                  |        |         |          |
| Mailing Address |                  |        |         |          |
|                 |                  |        |         |          |
|                 |                  |        |         |          |
|                 |                  | CITY ▲ | STATE A | ZIP CODE |