

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

BRAND NEW CONGRESS

ADDRESS (number and street)

PO BOX 416

☐ (Check if address is changed)

CRANE

CITY ▲

MO

STATE ▲

65633

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

mary@brandnewcongress.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

brandnewcongress.org

2. DATE

MM / DD / YYYY
03 / 01 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00613810

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 Nishimuta, Mary, , ,

Signature of Treasurer

Nishimuta, Mary, , ,

[Electronically Filed]

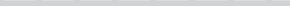
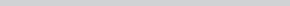
Date

MM / DD / YYYY
03 / 01 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

BRAND NEW CONGRESS**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

JUSTICE DEMOCRATS

Mailing Address

6230 WILSHIRE BLVD #140

LOS ANGELES

CITY

CA

STATE

90048

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ 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.

Full Name

Dorfman, Paula, , ,

Mailing Address

12985 Coronado Lane

North Miami

CITY

FL

STATE

33181

ZIP CODE

Title or Position

Custodian of Records

Telephone number

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

Nishimuta, Mary, , ,

Mailing Address

396 Lindsey Ave

Frankfort

CITY

KY

STATE

40601

ZIP CODE

Title or Position
Treasurer

Telephone number

502

352

3561

Full Name of
Designated
Agent

Mailing Address

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

275 Seventh Avenue

New York

NY

10001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE