STATEMENT OF ORGANIZATION

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

BRAND NEW CONGRESS

ADDRESS (number and street) [ ] (Check if address is changed)

PO BOX 416

CRANE

CITY

CRANE

MO

STATE

65633

ZIP CODE

2. DATE 01 17 2017

3. FEC IDENTIFICATION NUMBER C00613810

4. IS THIS STATEMENT [X] 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 01 17 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.
5. TYPE OF COMMITTEE

**Candidate Committee:**

(a) □ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) □ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

<table>
<thead>
<tr>
<th>Party Affiliation</th>
<th>Office Sought:</th>
<th>House</th>
<th>Senate</th>
<th>President</th>
<th>State</th>
<th>District</th>
</tr>
</thead>
</table>

(c) □ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

<table>
<thead>
<tr>
<th>Party Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d) □ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.</td>
</tr>
</tbody>
</table>

**Political Action Committee (PAC):**

(e) □ This committee is a separate segregated fund. (Identify connected organization 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 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.)

**Joint Fundraising Representative:**

(g) □ 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.

(h) □ 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.

<table>
<thead>
<tr>
<th>Committees Participating in Joint Fundraiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>
FEC Form 1 (Revised 02/2009)  

Write or Type Committee Name  

BRAND NEW CONGRESS  

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

NONE  

Mailing Address  

[ ] 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: Olson, Carrie  

Mailing Address: 1408 Grant St  

Berkeley, CA 94703  

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, KY 40601  

Title or Position: Treasurer  

Telephone number 502 - 352 - 3561
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.

**Wells Fargo Bank**

Mailing Address

1 California St

San Francisco CA 94111

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE