**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Lucy McBath 2221 Peachtree Rd NE ADDRESS (number and street) Ste D-405 (Check if address is changed) Atlanta 30309 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Ashton@bluewavepolitics.com is changed) Optional Second E-Mail Address compliance2@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) lucyforcongress.com (Check if address is changed) DATE 2024 C00672295 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Narzisi, Ashton, C,, Narzisi, Ashton, C., Date 11 21 2024 Signature of Treasurer NOTE: 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	YPE OF COMMITTEE:
	candidate Committee:
	a) X This committee is a principal campaign committee. (Complete the candidate information below.)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candidate McBath, Lucia, Kay, ,
	Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President  District  06
	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate
	Party Committee:  (National, State (Democratic, Republican, etc.) Party
	olitical Action Committee (PAC):
	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.
	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.)
	This committee is an independent expenditure-only political committee (Super PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
	oint Fundraising Representative:
	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.
	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. C
	C C

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٧	Vrite or Type Committee Name				
	Friends of Lucy N				
6.		ganization, Affiliated Committee, J	loint Fundraising Represe	entative, or Leader	ship PAC Sponsor
	Keep GA06 Blue				
	Mailing Address	6050 PEACHTREE PARKWAY			
		SUITE 240-145			
		NORCROSS		GA 30092	
		CITY ▲	ST	ΓΑΤΕ <b>Δ</b>	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	n X Joint Fundraising Re	epresentative	Leadership PAC Sponso
	_	_	_	_	
7.	Custodian of Records: Identification books and records.	y by name, address (phone number -	- optional) and position of th	ne person in possess	sion of committee
	Narzisi, Ash	ton, C, ,			
	Full Name				
	Mailing Address	2221 Peachtree Rd NE			
		Ste D-405			
		Atlanta		GA 30309	
		CITY ▲	97		ZIP CODE ▲
	Title or Position ▼	0111 =	01		211 0002 =
	Treasurer		Telephone numbe	r 330 – _	714 - 8227
8.	any designated agent (e.g., a	address (phone number optional ssistant treasurer).	) of the treasurer of the co	ommittee; and the n	ame and address of
	Full Name Narzisi, Ash of Treasurer	iton, C, ,			
	Mailing Address	2221 Peachtree Rd NE			
		Ste D-405			
		Atlanta		GA 30309	
	Title on Decition	CITY ▲	ST	ΓΑΤΕ <b>▲</b>	ZIP CODE ▲
	Title or Position ▼			222	74.4 0007
	Treasurer		Telephone numbe	r 330 - L	714 - 8227

FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Addres	S [	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	<b>1</b> ▼	
	Telephone number	
safety deposit I	er Depositories: List all banks or other depositories in which the committee depositories or maintains funds.  Depository, etc.	s funds, holds accounts, rents
	, Wells Fargo	
Mailing Address	.2201 Roswell Rd	
	Marietta	30062
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.	
	Truist	
Mailing Address	1120 Woodstock Rd	
	Roswell	30075
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundrais	ing i ai tioipaitti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu		
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
			_
esignated Agent: Ident	ed Organization Affiliated Committee J  ify by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposite afety deposit boxes or necessity.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.  Amalogous Agents Amalogous Am	cify by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in what naintains funds.	STATE A Telephone Number	ZIP CODE A