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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	McBath, Lucia, Kay, Ms.,		N 1 '/ 11								
	(b) Address (number and street) 2221 Peachtree Rd NE Ste D-405	☐ Check if address changed				2. Candidate's FEC Identification Number H8GA06393					
	(c) City, State, and ZIP Code					3. Is This			X (A)	nded	
	Atlanta	GA 30309				Statem	. ,	OR	X (A)		
4.	Party Affiliation	5. Office Soug			6. State & Dis		ate				
	DEMOCRATIC PARTY	House			GA	06					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
FRIENDS OF LUCY MCBATH											
	(b) Address (number and street)										
	2221 PEACHTREE RD NE										
	STE D-405										
	(c) City, State, and ZIP Code										
	ATLANTA				GA	30309					
DESIGNATION OF OTHER AUTHORIZED COMMITTEES											
(Including Joint Fundraising Representatives)											
8.	I hereby authorize the following nar	med committee	, which is NO	T my principa	al campaign coi	mmittee, to red	ceive and exp	end fund	s on behalf of	my	
	candidacy.										
NOTE: This designation should be filed with the principal campaign committee.											
(a) Name of Committee (in full)											
	Keep GA06 Blue										
	(b) Address (number and street)									-	
	6050 PEACHTREE PARKWA	ΛΥ									
	SUITE 240-145 (c) City, State, and ZIP Code										
	NORCROSS				GA	30092					
	NORCROSS				GA	30092					
	I certify that I have exa	amined this Sta	tement and to	the best of i	my knowledge a	and belief it is	true, correct a	nd comp	lete.		
Signature of Candidate						Date					
						11/21/2024					
M	IcBath, Lucia, Kay, Ms.,					11/21/202	<u>2</u> 4				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
NC	OTE: Submission of false, erroneous	s, or incomplete	information n	nay subject t	he person signi	ing this Statem	nent to penaltion	es of 2 U	.S.C. §437g.		
NC	OTE: Submission of false, erroneous	s, or incomplete	information m	nay subject t	he person signi	ing this Statem	nent to penaltion	es of 2 U	.S.C. §437g.		
NO	OTE: Submission of false, erroneous	s, or incomplete	information n	nay subject t	he person signi	ing this Statem	nent to penaltion	es of 2 U	.S.C. §437g.		

FEC FORM 2 (REV. 02/2009)