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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	McBath, Lucia, Kay, Ms.,								
	(b) Address (number and street) 2221 Peachtree Rd NE Ste D-405	ÆC	heck if addres	ss changed		Candidate's FEC Identification Number     H8GA06393			
	(c) City, State, and ZIP Code					3. Is This New Amen	ded		
	Atlanta		GA	3030	9	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ht		6. State & Dis	trict of Candidate			
	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 2024 (year of election) election(s).								
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in t	he instructions.				
	(a) Name of Committee (in full)								
	FRIENDS OF LUCY	MCBATH	1						
	(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 named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)									
	Nadler Victory Fund	I							
	(b) Address (number and street)								
	200 West 79th St								
	#8N (c) City, State, and ZIP Code								
	(c) City, State, and ZIP Code				NY	10024			
					NY	10024			
	(c) City, State, and ZIP Code New York	mined this Stat	ement and to	the best of		10024  and belief it is true, correct and complete.			
Si	(c) City, State, and ZIP Code New York	mined this Stat	ement and to	the best of					
	(c) City, State, and ZIP Code  New York  I certify that I have example 1.	mined this Stat	ement and to	the best of		and belief it is true, correct and complete.			
M	(c) City, State, and ZIP Code  New York  I certify that I have exa  gnature of Candidate  ICBath, Lucia, Kay, Ms.,				my knowledge .	and belief it is true, correct and complete.  Date			
M	(c) City, State, and ZIP Code  New York  I certify that I have exa  gnature of Candidate  ICBath, Lucia, Kay, Ms.,				my knowledge .	Date 03/08/2024			
M	(c) City, State, and ZIP Code  New York  I certify that I have exa  gnature of Candidate  ICBath, Lucia, Kay, Ms.,				my knowledge .	Date 03/08/2024			

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	Hold the House PAC								
	(b) Address (number and street)								
	119 1st Ave S Ste 320								
	(c) City, State, and ZIP Code								
	Seattle	WA	98104						
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf candidacy. <b>NOTE</b> : 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 PARKWAY								
	SUITE 240-145 (c) City, State, and ZIP Code								
	NORCROSS	GA	30092						
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)									
	RAISE THE WAGE WITH LUCY FUND								
	(b) Address (number and street) 30 BOW STREET								
	C/O ONE FAIR WAGE								
	(c) City, State, and ZIP Code	N 4 A	00400						
	CAMBRIDGE	MA	02138						
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)								
Representation Matters: Vital Voices in the House									
	(b) Address (number and street) PO Box 65322								
	(c) City, State, and ZIP Code								
	Washington	DC	20035						