

**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

New Wave Women

ADDRESS (number and street)

430 S Capitol St SE



(Check if address is changed)

2nd Floor

Washington

CITY ▲

DC

STATE ▲

20003

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

fec@blue-bird.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

09 / 20 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00713701

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 Guinn, Lucinda, , ,

Signature of Treasurer

Guinn, Lucinda, , ,

[Electronically Filed]

Date

09 / 23 / 2019

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)

## 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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought: ☐ House ☐ Senate ☐ President State \_\_\_\_\_ District \_\_\_\_\_

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**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.

## Committees Participating in Joint Fundraiser

1.	DCCC	FEC ID number	C	C00000935
2.	DEBBIE FOR CONGRESS	FEC ID number	C	C00652065
3.	FRIENDS OF JAHANA HAYES	FEC ID number	C	C00677898
4.	FRIENDS OF LUCY MCBATH	FEC ID number	C	C00672295

Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

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

Guinn, Lucinda, , ,

Mailing Address

430 S Capitol St SE

2nd Floor

Washington

DC

20003

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

863

1500

**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

Guinn, Lucinda, , ,

Mailing Address

430 S Capitol St SE

2nd Floor

Washington

DC

20003

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

202

863

1500

Full Name of  
Designated  
Agent

Vogel, Taryn, , ,

Mailing Address

PO Box 2153

Purcellville

CITY

VA

STATE

20135

ZIP CODE

Title or Position

Assistant Treasurer

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

1825 K St NW

Washington

CITY

DC

STATE

20006

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h).

**Joint Fundraising Participant:**

1. LAUREN UNDERWOOD FOR CONGRESS
2. SHARICE FOR CONGRESS
3. XOCHITL FOR NEW MEXICO
- 4.

FEC ID number

C C00652719

FEC ID number

C C00670034

FEC ID number

C C00666149

FEC ID number

C

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


Mailing Address


Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization
 ☐ Affiliated Committee
 ☐ Joint Fundraising Representative
 ☐ Leadership PAC Sponsor
8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

--

Mailing Address


TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

--

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.

--

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲