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FEC

STATEMENT OF

FORM 1	ORGANIZA	ATION		
1 Ottown 1	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
ACTON PAC				
ADDRESS (number and s	P.O. Box 442			
(Check if address				
is changed)	Sharpsburg		[GA]	30277 -
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	mail address)		
(Check if address X is changed)	paul@pdscompliand	ce.com		
is changed)				
COMMITTEE'S WED I	DACE ADDRESS (LIDI)			
	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 4	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00411579		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A))	
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ect and complete	
	la en Waatmanal			
Type or Print Name of	TreasurerJoan Westmorel	land		
Signature of Treasurer	Electronically Filed by Joan Wes	tmoreland	Date 06	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information ma	y subject the person signing this	•	
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

	FEC I	Form 1 (Revised 02/2009)	Page 2
5.	TYPE OF C	OMMITTEE (Check One)	
	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 information below.)	candidate
	Name of Candidate		
	Candidate Party Affiliati	ion 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 Comn		
	(d)		Democratic, Republican,etc.) Party.
	Political Ac	tion 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	r Organization
		Membership Organization Trade Association Coo	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee. (i.e., nonconnected committee)	und or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Com	nmittees Participating in Joint Fundraiser	
		1 FEC ID number C	
		2 FEC ID number C	
		3 FEC ID number C	
		EEC ID number	

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Write or Type Committee Name			
ACTON PAC			
6. Name of Any Connected Org	anization, Affiliated Committee, Join	t Fundraising Representative, or	Leadership PAC Sponsor
Lynn A Westmoreland	<u> </u>		
Mailing Address	25 Bretts Bend		
	Sharpsburg	GA GA	30277
	CITY	STATE ▲	ZIP CODE 🛕
Relationship:			
Connected Organization	Affiliated Committee	Joint Fundraising Representative	X Leadership PAC Sponsor
Full Name April La	769 Nob Ridge Dr		
	Marietta	GA	30064
Title or Position ♥	CITY &	STATE A Telephone number	ZIP CODE à
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 Joan Westmoreland Mailing Address 769 Nob Ridge Drive			ommittee; and the
S			
		GA	
	Marietta		30064
Title or Position ♥	Marietta CITY ▲	STATE A	

	009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Tele	ephone number	
9. Banks or Other Depositories: safety deposit boxes or maintains Name of Bank, Depository, etc.	List all banks or other depositories in which the funds.	committee deposits funds, hold	ls accounts, rents
Bank of (
Mailing Address	Coweta 110 Jefferson Street		
	110 Jefferson Street		
		GA GA	30263 _
	110 Jefferson Street		
	110 Jefferson Street Newnan	GA L	30263 _
Mailing Address	110 Jefferson Street Newnan CITY	GA L	30263 _
Mailing Address	Newnan CITY Bank 303 Peachtree St NE	GA L	30263 ZIP CODE
Mailing Address Name of Bank, Depository, etc. Suntrust	Newnan CITY Bank 303 Peachtree St NE	GA STATE △	30263 ZIP CODE
Mailing Address Name of Bank, Depository, etc. Suntrust	Newnan CITY Bank 303 Peachtree St NE	GA STATE △	30263 ZIP CODE

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the cor	mmittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		Į	ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE₄	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraising	Representative, or Leader	[ADDITIONAL] ship PAC Sponsor
Mailing Address	PO BOX 1117		
	SHAPRSBURG	GA L	30277
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising	Representative Lead	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Tel	ephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number C	

Banks or Other Depositories: safety deposit boxes or maintain:	List all banks or other depositories in which the commiss funds	ittee deposits funds, hol	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			1 1 1 1 1 1 1 1 1
	CITY 🛕	STATE △	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ADDITIONAL rship PAC Sponsor
	. 264 N. Lumpkin Ct. #202		
Mailing Address	264 N. Lumpkin St. #202		
	Athens	GA	30601
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Rep	oresentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Teleph	one number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE	EC ID number	