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|------|---|----|---|
|      |   |    |   |

## STATEMENT OF ORGANIZATION

| FORM 1  |                               |  | c                   | Office Use Only                 |
|---|-------------------------------|--|---------------------|---------------------------------|
| 1. NAME OF<br>COMMITTEE (in full)                           | (Check if name is changed)    | Example:If typing, type over the lines.  | 12FE4M5             |                                 |
| A New Day PAC   |                               |  |                     |                                 |
|   |                               |  |                     |                                 |
| ADDRESS (number and street)                                 | PO Box 301                    |  |                     |                                 |
| (Check if address is changed)                               |                               |  |                     |                                 |
|   | Suwanee<br>CITY ▲             |  | GA 30<br>STATE ▲    | 024<br>ZIP CODE▲                |
| COMMITTEE'S E-MAIL ADDRE                                    | SS                            |  |                     |                                 |
| (Check if address is changed)                               | mollyperry1392@gmai           | il.com   |                     |                                 |
|   | Optional Second E-Mail Add    | dress  |                     |                                 |
| COMMITTEE'S WEB PAGE AD<br>(Check if address<br>is changed) |                               |  |                     |                                 |
| 2. DATE 03 / 2  | 7 / Y Y Y Y<br>2023           |  |                     |                                 |
| 3. FEC IDENTIFICATION N                                     |                               | 00778415   |                     |                                 |
| 4. IS THIS STATEMENT  | NEW (N) OR                    | X AMENDED (A)  |                     |                                 |
| I certify that I have examined the                          | nis Statement and to the best | of my knowledge and belief it i  | s true, correct and | d complete.                     |
| Type or Print Name of Treasure                              | Perry, Molly, , ,             |  |                     |                                 |
| Signature of Treasurer                                      | , Molly, , ,                  | [Electronically Filed]   | Date 04             | / D D / Y Y Y Y<br>04 2023      |
| NOTE: Submission of false, erron                            |                               | may subject the person signing the TION SHOULD BE REPORTED V   |                     | penalties of 52 U.S.C. §30109   |
| Office<br>Use<br>Only                                       |                               | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                     | FEC FORM 1<br>(Revised 06/2012) |

| EC Form 1 (Revised 03/2022)  | Page <b>2</b>              |
|--|----------------------------|
| 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 information below.)                        | e the candidate            |
| Name of<br>Candidate , , , , , , , , ,   |                            |
| CandidateOfficeParty AffiliationSought:HouseSenatePresident  | State District             |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                            |
| Name of<br>Candidate   |                            |
| Party Committee:   (National, State   (Democratic committee of the     (d)   This committee is a   or subordinate) committee of the   Republic | ratic,<br>can, etc.) Party |
| Political Action Committee (PAC):  |                            |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)          | ected organization is a:   |
| Corporation Corporation w/o Capital Stock Labo   | r Organization             |
|  | perative                   |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                            |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)    | ated fund or party         |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                            |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                            |
| (g) This committee is an independent expenditure-only political committee (Super PAC).   |                            |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                            |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid                                       | I PAC).                    |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                            |
|  |                            |
| Joint Fundraising Representative:  |                            |

(i) 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.
(j) 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.
(j) Committees Participating in Joint Fundraiser
2.

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| Write or Type Committee Name |        |
|                              |        |

## A New Day PAC

| 6. | Name of Any<br>NONE | Con | nect | ted | Or | ga  | niz  | atio | on, | Af | filia | ateo   | 1 C | om  | nmi  | ttee | e, J | oir | nt F | ur | ndra | aisi | ng  | Re   | pre | sei | nta | tive | e, o  | r L | .ea | der | shi | ρF  | PAC   | S    | por | sor | r   |     |
|----|---------------------|-----|------|-----|----|-----|------|------|-----|----|-------|--------|-----|-----|------|------|------|-----|------|----|------|------|-----|------|-----|-----|-----|------|-------|-----|-----|-----|-----|-----|-------|------|-----|-----|-----|-----|
|    |                     |     |      |     |    |     |      |      |     |    |       |        |     |     |      |      |      |     |      |    |      |      |     |      |     |     |     |      |       |     |     |     |     |     |       |      |     |     |     |     |
|    |                     |     |      |     |    |     |      |      |     |    |       |        |     |     |      |      |      |     |      |    |      |      |     |      |     |     |     |      |       |     |     |     |     |     |       |      |     |     |     |     |
|    | Mailing Addres      | ss  |      |     |    |     |      |      |     |    |       |        |     |     |      |      |      |     |      |    |      |      |     |      |     |     |     |      |       |     |     |     |     |     |       |      |     |     |     |     |
|    |                     |     |      |     |    |     |      |      |     |    |       |        |     |     |      |      |      |     |      |    |      |      |     |      |     |     |     |      |       |     |     |     |     |     |       |      |     |     |     |     |
|    |                     |     |      |     |    |     |      |      |     |    |       |        |     |     |      |      |      |     |      |    |      |      |     |      |     |     |     |      |       | L   |     |     |     |     |       | - [_ |     |     |     |     |
|    |                     |     |      |     |    |     |      |      |     |    |       |        |     | Cľ  | TΥ   |      |      |     |      |    |      |      |     |      |     | ST  | ATE |      |       |     |     |     | Z   | IP  | col   | DE   |     |     |     |     |
|    | Relationship:       | C   | Conn | ect | ed | Org | gani | izat | ion |    | ,     | Affili | ate | d C | Orga | ıniz | atio | n   | C    | •  | Join | t F  | und | rais | ing | Re  | pre | sen  | itati | ve  |     |     | Lea | ade | ershi | рF   | PAC | Sp  | ons | sor |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Perry, Molly        | /, , ,     |        |                  |                 |   |
|---------------------|------------|--------|------------------|-----------------|---|
| Full Name           |            |        |                  |                 |   |
| Mailing Address     | PO Box 301 |        |                  |                 |   |
|                     |            |        |                  |                 |   |
|                     | Suwanee    |        | GA GA            | <u> </u>        |   |
|                     |            | CITY 🔺 | STATE 🔺          | ZIP CODE        |   |
| Title or Position ▼ |            |        |                  |                 |   |
| Treasurer           |            |        | Telephone number | 404 - 325 - 554 | 5 |

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         | Perry, Molly, , , |    |        |              |         |            |
|-------------------|-------------------|----|--------|--------------|---------|------------|
| of Treasurer      |                   |    |        |              |         |            |
| Mailing Address   | PO Box 3          | 01 |        |              |         |            |
|                   |                   |    |        |              |         |            |
|                   | Suwanee           |    |        |              | GA 3002 | 4          |
|                   |                   |    | CITY 🔺 |              | STATE 🔺 | ZIP CODE   |
| Title or Position |                   |    |        |              |         |            |
| Treasurer         |                   |    |        | Telephone nu | ımber   | 325 – 5545 |

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|-------------------------------------|---------|--------|------------------|---------------|
| Full Name of<br>Designated<br>Agent |         |        |                  |               |
| Mailing Address                     |         |        |                  |               |
|                                     |         |        |                  |               |
|                                     |         |        |                  |               |
|                                     |         | CITY A | STATE 🔺          | ZIP CODE      |
| Title or Position ▼                 |         |        |                  |               |
|                                     |         |        | 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.

| Bank of                     | America               |          |            |
|-----------------------------|-----------------------|----------|------------|
|                             |                       |          |            |
| Mailing Address             | 180 S. Washington St. |          |            |
|                             |                       |          |            |
|                             | Sonora                | CA 95370 |            |
|                             | CITY A                | STATE A  | ZIP CODE ▲ |
| Name of Bank, Depository, e | tc.                   |          |            |
| Mailing Address             |                       |          |            |
|                             |                       |          |            |
|                             |                       |          |            |
|                             | CITY A                | STATE A  | ZIP CODE ▲ |