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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Must Act to Create Excellence PAC 824 S. Milledge Ave. Ste. 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address megan@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00763326 FEC IDENTIFICATION NUMBER > 3. X 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 09 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

(le) This accommittee is an exalle	ipal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party
Political Action Committee (PAC	; ;	
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga	anization Trade Association	Cooperative
In addition,	, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/c committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT a separate cted committee)	segregated fund or party
In addition, this con	mmittee is a Lobbyist/Registrant PAC.	
In addition, this con	mmittee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative	re:	
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for	
committees/organizations,	at least one of which is an authorized committee of a federal candidat	
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in J	loint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.		

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Write or Type Committee Name	raye 3
Must Act to Create Excellence PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Team Mace	
824 S. Milledge Ave. Ste. 101 Mailing Address	
Athens GA	30605
CITY STAT	TE ZIP CODE
Relationship: Connected Organization Affiliated Committee	sentative Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of t books and records.	the person in possession of committee
Kilgore, Paul, , ,	
Full Name824 S. Milledge Ave. Ste. 101 Mailing Address	
Athens	30605
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	706 534 7780
3. Treasurer: List the name and address (phone number optional) of the treasurer of the comm any designated agent (e.g., assistant treasurer).	ittee; and the name and address of
Full Name Kilgore, Paul, , , of Treasurer	
Mailing Address 824 S. Milledge Ave. Ste. 101	
Athens	30605
Title or Position Treasurer Tolophono number	ZIP CODE
L	

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Full Name of Designated Brow Agent	vn, Megan, , ,		
Mailing Address	824 S. Milledge Ave. Ste. 101		
		24	.005
	Athens CITY	STATE	2005 ZIP CODE
Title or Position Asst. Treasurer		ephone number 706	- 534 - 7780
safety deposit boxes of Name of Bank, Deposi	tory, etc.	he committee deposits funds	, holds accounts, rents
Cla	ssic City Bank		
Mailing Address	2365 W. Broad Street		
	Athens	GA 30	0606
	CITY	STATE	ZIP CODE
Name of Bank, Deposi	tory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.	. [FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	e of Any Connected O ace Majority Fund	rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S Milledge Ave Ste. 101		
				00005
		Athens	GA	30605
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected (Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
	gnated Agent: Identify I	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	ull Name	by name, address (phone number – optional)		
F	ull Name	by name, address (phone number – optional)		
F	full Name	CITY	STATE A	ZIP CODE A
F	ull Name	CITY A	STATE A	
P. Bank safety	Full Name	CITY Tele	phone Number	ZIP CODE 🛦
P. Bank safety	Full Name	CITY Tele	phone Number	ZIP CODE 🛦
P. Bank safety	TITLE OR POSITION ss or Other Depositoric y deposit boxes or main e of Bank, sitory, etc.	CITY Tele	phone Number	ZIP CODE 🛦
P. Bank safety	TITLE OR POSITION ss or Other Depositoric y deposit boxes or main e of Bank, sitory, etc.	CITY Tele	phone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
MACE, NANCY,	Organization, Affiliated Committee, Joint Func	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	295 SEVEN FARMS DRIVE		
	SUITE C-186		
	CHARLESTON	SC	29492
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	at Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee Join y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or mail and of Bank,	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which	STATE A	ZIP CODE A