Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Georgia Federal Elections Committee PO Box 89202 ADDRESS (number and street) (Check if address is changed) Altanta 30312 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address pwhough@politicalcfos.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.georgiademocrat.org (Check if address is changed) DATE 2025 C00041269 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. Type or Print Name of Treasurer Coley, Daniel, , Date 05 12 2025 Signature of Treasurer Coley, Daniel, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FE	C Form 1 (Revised 03/2022)	Page 2
	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 information below.)	e candidate
	Name of Candidate	
	Candidate Office Party Affiliation 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) X This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperation	
	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 committee. (i.e., nonconnected committee)	d 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 PA	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
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I	FEC Form 1 (Revised (02/2009)		Page 3
٧	Vrite or Type Committee Name			
	Georgia Federa	Elections Committee		
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leade	ership PAC Sponsor
	Democratic National	Committee - Victory Fund		
	Mailing Address	430 South Capitol Street, SE		
		Washington	DC 2000	3
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected		undraising Representative	Leadership PAC Spons
	neiationship.	Allillated Organization 30int 10	indiaising nepresentative	Leadership FAC Spons
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and p	oosition of the person in posse	ession of committee
	-, Political	CFOs., Inc, , ,		
	Full Name			
	Mailing Address	3000 Airport Dr., #204		
		1		
		Erie	CO 80510	6 1 1
	Title or Decition —	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	CFO	Teleph	one number	
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the	name and address of
	Full Name Coley, Dar of Treasurer	niel, , ,		<u> </u>
	Mailing Address	PO Box 20442		
		1		
		Atlanta	GA 1 3032	5 , ,
	Title or Decition —	CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼		404	. 970 9201

Telephone number

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
		TATE ▲	ZIP CODE ▲
Title or Position	▼		
	Telephone numbe	er	
. Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the committee of oxes or maintains funds. Depository, etc.	deposits fu	unds, holds accounts, rents
	Doub, of America		
	Bank of America		
Mailing Address	730 15th St NW		
	Washington	DC	20005
	CITY ▲ ST	ATE A	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Citizens Trust Bank		
Mailing Address	75 Piedmont Ave		
	Atlanta	GA	30303
	CITY ▲ ST	TATE ▲	ZIP CODE ▲

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

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(h). Joint Fundrais	9		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		, 	
-	d Organization, Affiliated Committee, Joint Fu ASSROOTS VICTORY FUND	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	430 SOUTH CAPITOL ST SE		
	WASHINGTON	DC DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Pesignated Agent: Ident			ative Leadership PAC Spo
Pesignated Agent: Ident			ative Leadership PAC Spo
Pesignated Agent: Ident	ify by name, address (phone number – optional)		Leadership PAC Spo
Pesignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or necessity.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or not be a second to be a	ories: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	ZIP CODE A
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Pesignated Agent: Ident Full Name	cify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
OSSOFF VICTORY	I Organization, Affiliated Committee, Joint Fund FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	611 PENNSYLVANIA AVE SE		
	#143		
	WASHINGTON	DC	20003
		STATE ▲	ZIP CODE ▲
	CITY A ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	
Connecte	ed Organization Affiliated Committee X Join		
Connecte esignated Agent: Identif	ed Organization Affiliated Committee X Join		
esignated Agent: Identi	ed Organization Affiliated Committee X Join		
esignated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE A	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds.	STATE A	Leadership PAC Sp

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

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rganization, Affiliated Committee, Joint	FEC ID number	C C C ve, or Leadership PAC Spons
	FEC ID number	C
	FEC ID number	С
	Fundraising Representati	ve, or Leadership PAC Spons
	Fundraising Representati	ve, or Leadership PAC Spons
ATE DEMOCRATIC COMMITTEES		
430 S. CAPITOL STREET SE		
<u> </u>		
WASHINGTON	DC	20003
CITY ▲	STATE 4	ZIP CODE ▲
<u> </u>		
	1 1 . 1	
, CITY A	STATE ▲	ZIP CODE ▲
		1 1 1
	Telephone Number	
	CITY A Organization Affiliated Committee X Ty name, address (phone number – option	WASHINGTON CITY STATE Organization Affiliated Committee Joint Fundraising Represent y name, address (phone number – optional) CITY STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE

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

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h). Joint Fundraisi	ng raiticipant.		
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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , HARRIS VICTORY	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
HARRIS VICTORY	-UND		
Mailing Address	430 SOUTH CAPITOL STREET SE		
ag / 144.000			
	WASHINGTON	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
neialionsnip.	CITY	STATE	ZIP CODE
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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