

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

NANCY MACE FOR CONGRESS

ADDRESS (number and street)

295 SEVEN FARMS DRIVE

SUITE C-186

CHARLESTON

SC

29492

Check if different  
than previously  
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00710103

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

SC

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2026

through

M M /

06

D D /

30

Y Y Y Y /

2026

*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

KILGORE, PAUL, , ,

Signature of Treasurer

KILGORE, PAUL, , ,

Date

M M /

07

D D /

15

Y Y Y Y /

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**NANCY MACE FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 0.00                    | 232747.86                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 28327.30                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 0.00                    | 204420.56                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 108062.45               | 1244630.15                         |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 1683.60                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 108062.45               | 1242946.55                         |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 76794.23                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

NANCY MACE FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2026

To:

MM / DD / YYYY  
06 / 30 / 2026**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

0.00

71943.75

(ii) Unitemized .....

0.00

146804.11

(iii) TOTAL of contributions  
from individuals ▶

0.00

218747.86

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

14000.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

232747.86

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

381787.33

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

1683.60

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

0.00

616218.79

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

**II. DISBURSEMENTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

108062.45

1244630.15

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0.00

28327.30

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

28327.30

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

108062.45

1272957.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

184856.68

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

184856.68

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

108062.45

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

76794.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 9

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NANCY MACE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL**

Mailing Address 205 PENNSYLVANIA AVE SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 21  |   | 2026    |

City  
WASHINGTONState  
DCZip Code  
20003-1164

FEC Identification Number

C

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

750.00

Transaction ID : B8D7647E6D16B4C24B11

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. LANE PROPERTIES OF CHARLESTON LLC**

Mailing Address 746 ST ANDREWS BLVD STE B

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 07  |   | 2026    |

City  
CHARLESTONState  
SCZip Code  
29407

FEC Identification Number

C

Purpose of Disbursement  
STORAGE UNIT RENTAL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

175.00

Transaction ID : BA833B58587184621A17

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. LANE PROPERTIES OF CHARLESTON LLC**

Mailing Address 746 ST ANDREWS BLVD STE B

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 07  |   | 2026    |

City  
CHARLESTONState  
SCZip Code  
29407

FEC Identification Number

C

Purpose of Disbursement  
STORAGE UNIT RENTAL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

175.00

Transaction ID : B69081784BB6E4BD2B4E

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

1100.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 9

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

NANCY MACE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MACE, NANCY, , ,**Mailing Address 295 SEVEN FARMS DR  
STE CCity  
DANIEL ISLANDState  
SCZip Code  
29492-8088Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5631.87

Transaction ID : BC582B6E5167D448BBB2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VIVA ESTIATORIA**

Mailing Address 420 EMERSON ST

City  
PALO ALTOState  
CAZip Code  
94301-1604Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

401.18

Transaction ID : B333B7406641047DAB36

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. TMOBILE**Mailing Address 3650 132ND AVE SE  
# 550City  
BELLEVUEState  
WAZip Code  
98006-1325Purpose of Disbursement  
PHONE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1211.52

Transaction ID : BC160FD6F4E8E4CE39C0

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5631.87

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 9

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

NANCY MACE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS HOTEL**

Mailing Address 98 SAN JACINTO BLVD

City  
AUSTINState  
TXZip Code  
78701-4040Purpose of Disbursement  
LODGING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

269.09

Transaction ID : B4CC76BF7F9534C629D5

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LOEWS HOTEL REGENCY**

Mailing Address 540 PARK AVE

City  
NEW YORKState  
NYZip Code  
10065-7366Purpose of Disbursement  
LODGING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3358.38

Transaction ID : BFFADB1EC4AA74B19A3A

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PILLSBURY WINTHROP SHAW PITTMAN LLP**

Mailing Address PO BOX 2824

City  
SAN FRANCISCOState  
CAZip Code  
94126-2824Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 6 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

50000.00

Transaction ID : B389A3DE98FAE4B65A01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

50000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 9

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

NANCY MACE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. PILLSBURY WINTHROP SHAW PITTMAN LLP**

Mailing Address PO BOX 2824

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

City  
SAN FRANCISCOState  
CAZip Code  
94126-2824

FEC Identification Number

C

Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

50000.00

Transaction ID : BCD85D1788FDC41AE968

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES INC.**Mailing Address 824 S. MILLEDGE AVE.  
STE. 101

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

City  
ATHENSState  
GAZip Code  
30605

FEC Identification Number

C

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

618.24

Transaction ID : B731CF4312C23441EA03

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES INC.**Mailing Address 824 S. MILLEDGE AVE.  
STE. 101

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 2 | 6 |

City  
ATHENSState  
GAZip Code  
30605

FEC Identification Number

C

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

527.34

Transaction ID : B8662562ADB5C4D90A56

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

51145.58

**TOTAL** This Period (last page this line number only).....▶

107877.45

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 9 OF 9

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFE6D9A1FD4634A97BFC

NANCY MACE FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

MACE, NANCY, , ,

Mailing Address

295 SEVEN FARMS DR  
STE C

City

DANIEL ISLAND

State

SC

ZIP Code

29492-8088

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 04 / 2019M M / D D / Y Y Y Y  
NONEY Y Y Y / D D / M M  
NONE

0.00 % (apr)

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

**TOTALS** This Period (last page in this line only).....▶

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.