Only

PAGE 1 / 4 =

STATEMENT OF **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. Mooney-Donalds JFC 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mooneydonalds@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00819615 FEC IDENTIFICATION NUMBER 3. 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. Goode, Michael, , , Type or Print Name of Treasurer Goode, Michael, , , [Electronically Filed] 07 2022 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page 2			
5. 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 candidate information below.)				
Name of Candidate				
Candidate Party Affiliation Office Sought: House Senate	State President District			
(c) This committee supports/opposes only one candidate, and is NOT an authoriz	zed committee.			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization	n on line 6.) Its connected organization is a:			
Corporation Corporation w/o Capital Stock Labor Organ				
Membership Organization Trade Association	Cooperative			
In addition, this committee is a Lobbyist/Registrant PAC.				
	OT a concrete accreted fund or norty			
(f) This committee supports/opposes more than one Federal candidate, and is No committee. (i.e., nonconnected committee)	Or a separate segregated fund or party			
In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify sponsor or	n 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 PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.	()			
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of	•			
(j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a fede	•			
Committees Participating in Joint Fundraiser				
1. MOONEY FOR CONGRESS 2022				
BYRON DONALDS FOR CONGRESS	C C00733330			

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Irite or Type Committee Name		
	Mooney-Donal	ds JFC	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Mailing Address		
			1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representa	
	Tielationship.	Organization John Fundalong Representa	Leadership I AC Oponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the persor	n in possession of committee
	Goode, Mic	hael, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SIAIL	ZII GODL 🗷
	Treasurer	Telephone number	706 - 534 - 7780
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	; and the name and address of
	Full Name Goode, Mid	hael, , ,	
	of Treasurer		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706 - 534 - 7780

FEC Form 1 (F	Revised 02/2009)		Page 4				
Full Name of K Designated Agent	ilgore, Paul, , ,						
Mailing Address	824 S Milledge Ave Ste 101						
	Athens	GA L	30605				
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
Assistant Treasurer		Telephone number 706	534 7780				
Banks or Other De safety deposit boxes	positories: List all banks or other depositories in what or maintains funds.	ich the committee deposits func	ds, holds accounts, rents				
Name of Bank, Dep	ository, etc.						
C	Classic City Bank						
Mailing Address	2365 W Broad St						
	Athens	GA L	30606				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				