FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Save America Stop Socialism PAC PO Box 1575 ADDRESS (number and street) (Check if address is changed) Roswell 30077 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address saveamericastopsocialism@rtastrategy.com is changed) Optional Second E-Mail Address jason@rtastrategy.com COMMITTEE'S WEB PAGE ADDRESS (URL) SaveAmericaStopSocialism.com (Check if address is changed) DATE 2023 C00755199 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 Boles, Jason, D, 80 02 2023 Signature of Treasurer Boles, Jason, D,, 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

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EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
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 authorized comm	
Name of Candidate	
Party Committee:	(Domo ovatio
(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 on line Corporation Corporation W/o Capital Stock Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a segrecommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.	Labor Organization Cooperative
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 accommittee is a political committee with both contribution and non-contribution accommittee.	ounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative: (i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal committees/organizations, none of which is an authorized committee of a federal candidate.	al candidate.
Committees Participating in Joint Fundraiser	
1.	
2.	

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V	Vrite or Type Committee Name	,		~ g- -
	Save America St	op Socialism PAC		
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Leaders	ship PAC Sponsor
	MARJORIE TAYLOR	GREENE'S PEOPLE OVER POLITIC	IANS COMMITTEE	
	Mailing Address	PO BOX 1575		
		ROSWELL	, GA , 30077	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fu	indraising Representative	Leadership PAC Sponse
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and p	position of the person in possess	sion of committee
	Boles, Jaso	on, D		
	Full Name			
	Mailing Address	PO Box 1483		
		I		
		Roswell	, GA , 30077	
	T., D.,	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		770	000 0405
	Treasurer	Telepho	one number 770 - L	330 - 6185
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the na	ame and address of
	Full Name Boles, Jaso	on, D, ,		
	of Treasurer	PO D. 1400		
	Mailing Address	PO Box 1483		
		Roswell	GA 30077	- -
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		one number 770	330 - 6185

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	Full Name of Designated Agent	Thompson, Rick, , ,		
	Mailing Address	PO Box 1483		
		Roswell	GA L	30077
	Tialo ou Docition o	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position	er	1	
		Telephone	number	
•		Depositories: List all banks or other depositories in which the commes or maintains funds.	mittee deposits fu	ands, holds accounts, rents
	Name of Bank, D	epository, etc.		
		ServisFirst Bank		
	Mailing Address	300 Galleria parkway SE		
		Suite 100		
		Atlanta	GA L	30339
		CITY ▲	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
	Mailing Address			
		CITY A	STATE ▲	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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n). Joint Fundraisi	ig i ai doipailt.		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
7.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
GREENE, MARJO	RIE TAYLOR MRS., , ,		
Mailing Address	204 WOODGLEN RD.		
			<u> </u>
	ROME	GA	30165
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	ative X Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identi Passan Full Name	fy by name, address (phone number – optional)	nt Fundraising Represent	Active Leadership PAC Sp
esignated Agent: Identi Passan Full Name	fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
Passan Full Name Mailing Address	fy by name, address (phone number – optional) tino, Stefan, , , 1050 Connecticut Ave, NW Washington		
esignated Agent: Identi Passan Full Name	fy by name, address (phone number – optional) tino, Stefan, , , 1050 Connecticut Ave, NW Washington CITY	DC STATE A	20036
Passan Full Name Mailing Address TITLE OR POSITION Attorney In Fact	fy by name, address (phone number – optional) tino, Stefan, , , 1050 Connecticut Ave, NW Washington CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE ZIP CODE ss funds, holds accounts, ren
Passan Full Name Mailing Address TITLE OR POSITION Attorney In Fact anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) tino, Stefan, , , 1050 Connecticut Ave, NW Washington CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE ZIP code s funds, holds accounts, rent
Passan Full Name Mailing Address TITLE OR POSITION Attorney In Fact anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) tino, Stefan, , , 1050 Connecticut Ave, NW Washington CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE ZIP code s funds, holds accounts, rent

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

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h). Joint Fundraisi r	•		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
MTG VICTORY FUN	D, INC.		
Mailing Address	P.O. BOX 1575		
	ROSWELL	GA L	30077
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
	y by name, address (phone number — optional) Derek, , ,	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Rosss, [Full Name	y by name, address (phone number — optional) Derek, , ,	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Rosss, [Full Name	y by name, address (phone number — optional) Derek, , ,	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Rosss, [Full Name	y by name, address (phone number – optional) Derek, , , 300 Independence Ave SE Washington		
esignated Agent: Identif Rosss, [Full Name Mailing Address	y by name, address (phone number – optional) Derek, , , 300 Independence Ave SE Washington CITY	DC	20002
esignated Agent: Identif Rosss, I Full Name Mailing Address TITLE OR POSITION Attorney In Fact	y by name, address (phone number – optional) Derek, , , 300 Independence Ave SE Washington CITY ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A s funds, holds accounts, rent
Rosss, I Full Name Mailing Address TITLE OR POSITION Attorney In Fact anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) Derek, , , 300 Independence Ave SE Washington CITY ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number the committee deposit	ZIP CODE A s funds, holds accounts, rent
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Rosss, I Full Name Mailing Address TITLE OR POSITION Attorney In Fact anks or Other Deposite afety deposit boxes or make the second process of the seco	y by name, address (phone number – optional) Derek, , , 300 Independence Ave SE Washington CITY ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number the committee deposit	ZIP CODE A