

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Save America Stop Socialism PAC

ADDRESS (number and street)

PO Box 1575



(Check if address is changed)

Roswell

CITY ▲

GA

STATE ▲

30077

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

saveamericastopsocialism@rtastrategy.com

Optional Second E-Mail Address

jason@rtastrategy.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

SaveAmericaStopSocialism.com

2. DATE

MM / DD / YYYY
08 / 02 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00755199

4. 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.,

Signature of Treasurer Boles, Jason, D.,

Date

MM / DD / YYYY
08 / 02 / 2023

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Save America Stop Socialism PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MARJORIE TAYLOR GREENE'S PEOPLE OVER POLITICIANS COMMITTEE

Mailing Address

PO BOX 1575

ROSWELL

GA

30077

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Boles, Jason, D, ,

Mailing Address

PO Box 1483

Roswell

GA

30077

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

770

330

6185

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Boles, Jason, D, ,

Mailing Address

PO Box 1483

Roswell

GA

30077

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

770

330

6185

Full Name of
Designated
Agent

Thompson, Rick, , ,

Mailing Address

PO Box 1483

Roswell

GA

30077

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ServisFirst Bank

Mailing Address

300 Galleria parkway SE

Suite 100

Atlanta

GA

30339

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**GREENE, MARJORIE TAYLOR MRS., , ,

Mailing Address

204 WOODGLEN RD.

ROME

GA

30165

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☒

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Passantino, Stefan, , ,
_____Mailing Address 1050 Connecticut Ave, NW

Washington

DC

20036

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Attorney In Fact

Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. _____
_____Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MTG VICTORY FUND, INC.

Mailing Address

P.O. BOX 1575

ROSWELL

GA

30077

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Rosss, Derek, , ,

Mailing Address 300 Independence Ave SE

Washington

DC

20002

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Attorney In Fact

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. _____

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲