

# 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

United Advanced Practice Registered Nurses of Georgia PAC

ADDRESS (number and street) 1062 Windermere Crossing

(Check if address is changed)

Cumming GA 30041 CITY STATE ZIP CODE

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) dhickmannp@aol.com

Optional Second E-Mail Address danahullhickman@gmail.com

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.infor@uaprn.org

2. DATE 08 / 01 / 2016

3. FEC IDENTIFICATION NUMBER C C00463646

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 Hickman, Dana, H.,

Signature of Treasurer Hickman, Dana, H., Date 02 / 27 / 2024

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.



Write or Type Committee Name

# United Advanced Practice Registered Nurses of Georgia PAC

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

United Advanced Practice Registered Nurses of Georgia PAC

Mailing Address

PO Box 5326

Alpharetta

GA

30023

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

Hickman, Dana, , ,

Mailing Address

1062 Windermere Crossing

Cumming

GA

30041

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer Custodian

Telephone number

678

458

0977

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

Hickman, Dana, H, ,

Mailing Address

1062 Windermere Crossing

Cumming

GA

30041

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

678

458

0977

Full Name of Designated Agent

Pingeton, Robin, , ,

Mailing Address

2300 Bethelview Rd

Suite 100-332

Cumming

GA

30042

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Secretary

Telephone number

678

577

1421

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.

Truist

Mailing Address

1170 Buford Road

Cumming

GA

30041

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲