

**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 /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 /

D D /

Y Y Y Y

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
1	0	/	0	1	/	2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	2	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	232747.86
(b) Total Contribution Refunds (from Line 20(d))	0.00	28327.30
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	204420.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78089.18	1080130.63
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1683.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	78089.18	1078447.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	241293.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit 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
10 / 01 / 2025

To:

MM / DD / YYYY
12 / 31 / 2025**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.....	78089.18	1080130.63
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) ►	78089.18	1108457.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	319382.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	319382.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78089.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	241293.75

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

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☒ 17	☐ 18	☐ 19a	☐ 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. 900 IPD INVESTORS, LLCMailing Address 225 SEVEN FARMS DR
STE 401City
DANIEL ISLANDState
SCZip Code
29492-8353Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7568.75

Transaction ID : B9E0AF199EC5A487D877

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 900 IPD INVESTORS, LLCMailing Address 225 SEVEN FARMS DR
STE 401City
DANIEL ISLANDState
SCZip Code
29492-8353Purpose of Disbursement
RENT

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

895.42

Transaction ID : B1C01B447AED74041831

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003-1164Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2400.00

Transaction ID : BC2AF6CBEB4C340B7A26

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

10864.17

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)

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☒ 17	☐ 18	☐ 19a	☐ 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. DRIVER EIGHT MEDIA LLC

Mailing Address 409 CHURCH ST

City
MOUNT PLEASANTState
SCZip Code
29464-5303Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

15000.00

Transaction ID : B58BB078C241347B4A92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540-8643Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

001
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

670.21

Transaction ID : BAD92C5FC4D9944A6B41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOME TELECOM

Mailing Address PO BOX 1194

City
MONCK'S CORNERState
SCZip Code
29461-1194Purpose of Disbursement
INTERNET

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

001
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1029.80

Transaction ID : B1E722A12DAF48A69CD

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

16700.01

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)

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☒ 17	☐ 18	☐ 19a	☐ 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. LANE PROPERTIES OF CHARLESTON LLC

Mailing Address 746 ST ANDREWS BLVD STE B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2025

City
CHARLESTONState
SCZip Code
29407

FEC Identification Number

C

Purpose of Disbursement
STORAGE UNIT RENTAL

001

Amount of Each Disbursement this Period

175.00

Transaction ID : BAB21752857664923B92

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	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
11		05		2025

City
CHARLESTONState
SCZip Code
29407

FEC Identification Number

C

Purpose of Disbursement
STORAGE UNIT RENTAL

001

Amount of Each Disbursement this Period

175.00

Transaction ID : B64B7690079194EAD948

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	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
12		05		2025

City
CHARLESTONState
SCZip Code
29407

FEC Identification Number

C

Purpose of Disbursement
STORAGE UNIT RENTAL

001

Amount of Each Disbursement this Period

175.00

Transaction ID : B0566F63B213A4A538E7

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

525.00

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)

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☒ 17	☐ 18	☐ 19a	☐ 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

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

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50000.00

Transaction ID : B0A53B3C5BFBA41678D9

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

50000.00

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

78089.18

SCHEDULE C (FEC Form 3)
LOANSUse 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

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 04 / 2019

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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).....▶

100.00

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

100.00

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