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STATEMENT OF ORGANIZATION

			C	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
PATRIOTS PAC				
ADDRESS (number and street)	2951 PIEDMONT RD STE B			
(Check if address	SUITE 270-312			
is changed)			GA 30	305
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	mjohnson@pharmalife	.com		
	Optional Second E-Mail Add mjohnson@pharmali	dress fe com		
	mjorinson@phamian			
 (Check if address is changed) 2. DATE 2. DATE 	D / Y Y Y Y Y 2022			
3. FEC IDENTIFICATION NU	JMBER ► C co	00807958		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Johnson, Melvin, , , Johi	NSON		
Signature of Treasurer	ISON, MELVIN, , , JOHNSON	[Electronically Filed]	Date 06	/ D D / Y Y Y Y 21 2023
NOTE: Submission of false, errone		may subject the person signing the first second s		e penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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 information below.)	e the candidate
Name of Candidate , , , , , , , , ,	
CandidateOfficeParty AffiliationSought:HouseSenatePresident	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democratic committee of the (d) This committee is a or subordinate) committee of the Republic	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	r Organization
	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
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 accounts (Hybrid	I PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 (j) Committees Participating in Joint Fundraiser
 2.

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V	Vrite or Type Committee Name				
	PATRIOTS PA	C LLC			
6.	Name of Any Connected Or NONE	rganization, Affiliated	Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address				
			CITY 🔺	STATE 🔺	ZIP CODE
	Relationship: Connected	Organization Affilia	ted Organization	Joint Fundraising Represen	tative 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.

JOHNSON	MELVIN, , , JOHNSON
Full Name	
Mailing Address	2275 MARIETTA BLVD
	SUITE 270-312
	ATLANTA
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number 770 - 486 - 3295

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	JOHNSON, MELVIN, , , JOHNSON
of Treasurer	
Mailing Address	2275 MARIETTA BLVD
	SUITE 270-312
	ATLANTA GA 30318
	CITY A STATE A ZIP CODE A
Title or Position	7
	Telephone number

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Full Name of Designated	JOHNSON, MELVIN, , , 30318
Agent	
Mailing Address	2275 MARIETTA BLVD
	SUITE 270-312
	ATLANTA GA 30318
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
	Telephone number 770 486 3295

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	5768 BUFORD HWY NE		
		GA 303	340
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY ▲	STATE 🔺	ZIP CODE