



## 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  
01 / 01 / 2026 To: M M / D D / Y Y Y Y  
03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	56437.07	1136567.70
(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)) .....	56437.07	1134884.10
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	184856.68	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	100.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	381787.33
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1683.60
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	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.....	56437.07	1136567.70
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	56437.07	1164895.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	241293.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	241293.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56437.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	184856.68

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NANCY MACE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ARISTOTLE INTERNATIONAL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : BA12BA9485A734376912
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. BOGART ASSOCIATES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address 217 3RD ST SE			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1904	Amount of Each Disbursement this Period 3850.00
Purpose of Disbursement FUNDRAISING SERVICES		Category/ Type 001	Transaction ID : B1B33802C8A034122B2B
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address 300 1ST ST SE			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 936.05
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : B4F5D849012A241289A1
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5286.05
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NANCY MACE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DRIVER EIGHT MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address 409 CHURCH ST			FEC Identification Number C
City MOUNT PLEASANT	State SC	Zip Code 29464-5303	Amount of Each Disbursement this Period 22500.00
Purpose of Disbursement MEDIA CONSULTING		Category/ Type	Transaction ID : B7F945F265153491DBE7
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. KHATOD, LORIE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 701 PENNSYLVANIA AVE NW PH 15			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20004-2608	Amount of Each Disbursement this Period 495.00
Purpose of Disbursement FUNDRAISING COMISSION		Category/ Type 001	Transaction ID : BE6FDfE0298884DDABFA
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LANE PROPERTIES OF CHARLESTON LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 746 ST ANDREWS BLVD STE B			FEC Identification Number C
City CHARLESTON	State SC	Zip Code 29407	Amount of Each Disbursement this Period 175.00
Purpose of Disbursement STORAGE UNIT RENTAL		Category/ Type 001	Transaction ID : BF3833BFcfAB44851984
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23170.00
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NANCY MACE FOR CONGRESS**

**A. LANE PROPERTIES OF CHARLESTON LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 746 ST ANDREWS BLVD STE B

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement STORAGE UNIT RENTAL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 175.00

Transaction ID : B25190AC1E2E147EB8E8

Memo Item

**B. LANE PROPERTIES OF CHARLESTON LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 746 ST ANDREWS BLVD STE B

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement STORAGE UNIT RENTAL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 175.00

Transaction ID : B5EC5F041CD02466DA67

Memo Item

**C. MOORMAN LAW FIRM LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 12 WHITSETT ST STE 1

City GREENVILLE State SC Zip Code 29601-3137

Purpose of Disbursement LEGAL FEES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 26206.28

Transaction ID : BC5A78F9F31754B6693A

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 26556.28

**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 Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**NANCY MACE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES INC.**

Mailing Address 824 S. MILLEDGE AVE.  
STE. 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE CONSULTING  Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  /  /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : B2F673F74B596440698C

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  /  /

FEC Identification Number

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

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  /  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="1404.74"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="56417.07"/>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **NANCY MACE FOR CONGRESS** Transaction ID : **CFE6D9A1FD4634A97BFC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2020
MACE, NANCY, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
295 SEVEN FARMS DR			<input type="checkbox"/> Other (specify) ▼
STE C			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
DANIEL ISLAND	SC	29492-8088	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	06 / 04 / 2019	NONE		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100.00
<b>TOTALS</b> 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.