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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: I typing, type  
over the lines.

12FE4M5

MAGA COALITION INC.

ADDRESS (number and street)

12850 Hwy 9 STE 600-441

☐

(Check if address  
is changed)

Alpharetta

GA

30004

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2 DATE 10 24 2017

3 FEC IDENTIFICATION NUMBER

C 00654343

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

Todd Wotiz

Signature of Treasurer

TW

Date

10/24/17

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Tel: Free 800-424-6463  
Loc: 202-693-3100

FEC FORM 1  
(Revised 02/2009)

## 5. 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 the candidate information below.)

Name of  
Candidate

|                                |                  |       |        |           |                   |
|--------------------------------|------------------|-------|--------|-----------|-------------------|
| Candidate<br>Party Affiliation | Office<br>Sought | House | Senate | President | State<br>District |
|--------------------------------|------------------|-------|--------|-----------|-------------------|

- (c) This committee supports/opposes only one candidate and is NOT an authorized committee.

Name of  
Candidate

## Party Committee:

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party

## Political Action Committee (PAC):

- (e) This committee is a separate segregated fund (financially connected organization on line 6) (its connected organization is a

|                         |                                |                    |
|-------------------------|--------------------------------|--------------------|
| Corporation             | Corporation with Capital Stock | Labor Organization |
| Membership Organization | Trade Association              | Cooperative        |

In addition, this committee is a Lobbyist/Registrant PAC

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC

☐ In addition, this committee is a Leadership PAC (agency sponsor on line 6.)

## Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more principal committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ 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.

## Committees Participating in Joint Fundraiser:

|   |       |                 |
|---|-------|-----------------|
| 1 | _____ | FEC ID number C |
| 2 | _____ | FEC ID number C |
| 3 | _____ | FEC ID number C |
| 4 | _____ | FEC ID number C |

NOT FOR INFORMATION ONLY

**MAGA COALITION INC.**

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

**Mailing Address**

CTV

STATE

**Z.P. CODE**

Relationship ☐ Connected Organization ☐ Affected Committee ☐ 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 committed books and records.

Fuß Name

### Mailing Address

**Title or Position**

CITY

STATE

ZIP CODE

Telephone number

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: Todd Wotiz

**Mailing Address**

3030 N. Rocky Point Dr.

**Suite 150A**

**Tampa**

FL

.33607

city

STATE

**ZIP CODE**

Title or Position  
Treasurer

Telephone number



25 OCT 2017 0421



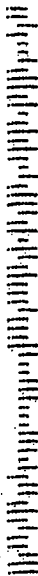
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Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                            |                                                                      |
|----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                                      |
| <input checked="" type="checkbox"/> USPS First Class Mail                  | Postmarked<br>10/26/17<br>Date of Receipt<br>10/30/17                |
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| <input type="checkbox"/> USPS Priority Mail                                | Postmarked                                                           |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked                                                           |
| <input type="checkbox"/> Postmark Illegible                                |                                                                      |
| <input type="checkbox"/> No Postmark                                       |                                                                      |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date<br>Next Business Day Delivery <input type="checkbox"/> |
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| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                                      |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                                        |
| PREPARER<br>(3/2015)                                                       | 10/31/17<br>DATE PREPARED                                            |

2017-10-31 10:00:00