Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. A New Day PAC 4621 Meadow Club Dr ADDRESS (number and street) (Check if address is changed) Suwanee 30024 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address justinjmcampbell@gmail.com is changed) Optional Second E-Mail Address rpmautner@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00778415 FEC IDENTIFICATION NUMBER > 3. X 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 Campbell, Justin, , Date 07 16 2024 Signature of Treasurer Campbell, Justin, , , 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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5. T	YPE OF COMMITTEE:
С	andidate 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 Office State
	Party Affiliation Sought: House Senate President District
(c	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate
_ D	lauty Committee
(d	Arty Committee: (National, State (Democratic, This committee is a crossbordinate) committee of the Republican at a Party
_	or subordinate) committee of the Republican, etc.) Party
P	olitical Action Committee (PAC):
(e	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o 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. (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 PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
J	oint Fundraising Representative:
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
(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.
	Committees Participating in Joint Fundraiser
	1

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٧	Vrite or Type Committee Name		
	A New Day PAC		
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and position of the person in posses	sion of committee
	Campbell,	Justin, , ,	
	Full Name	100111 1 0115	
	Mailing Address	4621 Meadow Club Dr	
		Suwanee GA 30024	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 617 –	922 4357
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
	Full Name Campbell, of Treasurer	Justin, , ,	
	Mailing Address	54 Lawton	
		<u> </u>	
		Brookline	
	Title on Decition	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		022 4257
	Treasurer		922 4357

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	Full Name of Designated Agent	Bourdeaux, Carolyn, , ,		
	Mailing Address	4621 Meadow Club Dr		
		Suwanee	GA 3002	4
	Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Principal	Telephone	number <u>404</u> –]	514
•	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits funds, ho	lds accounts, rents
	Name of Bank, D	epository, etc.		
		Bank of America		
	Mailing Address	1130 Peachtree Industrial Blvd		
		Suwanee	GA 30024	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g : uo.pu		
1.		FEC ID num	ber C
2.		FEC ID num	ber C
3		FEC ID num	ber C
4.		FEC ID num	ber C
lame of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising Represer	tative, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STAT	TE ▲ ZIP CODE ▲
	Organization Affiliated Committee by name, address (phone number – opt	Joint Fundraising Reprional)	esentative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number – opt Rebecca, , ,		esentative Leadership PAC S
Pesignated Agent: Identify Mautner, Full Name	by name, address (phone number – opt		esentative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – opt		esentative Leadership PAC S
esignated Agent: Identify Mautner, Full Name	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1	ional)	
resignated Agent: Identify Mautner, Full Name Mailing Address	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline	ional)	A 02446
Pesignated Agent: Identify Mautner, Full Name	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline	ional) M STATE	A 02446
Pesignated Agent: Identify Mautner, Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline	ional)	A 02446
Mautner, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline CITY ies: List all banks or other depositories i	ional) M STATE Telephone Number	A 02446
Mautner, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Fanks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc.	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline CITY ies: List all banks or other depositories i	ional) M STATE Telephone Number	A 02446
Pesignated Agent: Identify Mautner, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline CITY ies: List all banks or other depositories i	ional) M STATE Telephone Number	A 02446
Mautner, Full Name Mautner, Mailing Address TITLE OR POSITION Assistant Treasurer Canks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc.	by name, address (phone number – opt Rebecca, , , 12 York Terrace Unit 1 Brookline CITY ies: List all banks or other depositories i	ional) M STATE Telephone Number	A 02446