FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. COMMUNITY PAC 4153 Flat Shoals Parkway ADDRESS (number and street) Suite 322, Building C, 2nd Floor (Check if address is changed) Decatur 30034 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address reporting@premier-compliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00540989 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 Cunningham, Malcom, , Cunningham, Malcom, , , Date 02 14 2024 Signature of Treasurer 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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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information bel	ow.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Conformation below.)	Complete the candidate			
Name of Candidate				
Candidate Party Affiliation Office Sought: House Senate Pres	Stateident			
(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	(Democratic, Republican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) I	ts 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) X This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated 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 PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
Loint Fundraising Penresentatives				
Joint Fundraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceed	ds for two or more political			
(i) committee collects contributions, pays turidiating expenses and dispulses her proceed committees/organizations, at least one of which is an authorized committee of a federal car	•			
(j) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	•			
Committees Participating in Joint Fundraiser				
1 C				

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٧	Vrite or Type Committee Name	A.C.		
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leade	rship PAC Sponsor
	JOHNSON, HENRY	C. 'HANK', , , 		
	Mailing Address	4153 FLAT SHOALS PARKWAY		
		SUITE 322, BLDG. C, 2ND FLOOR		
		DECATUR	GA 30034	·
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	g Representative X	Leadership PAC Sponso
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.			
	1	m, Malcom, , ,		
	Full Name	4153 Flat Shoals Parkway		
	Mailing Address	Suite 322, Building C, 2nd Floor		
		Decatur	GA 30034	- - - - -
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone nun	nber	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the	name and address of
	Full Name Cunninghal of Treasurer	m, Malcom, , ,		
	Mailing Address	4153 Flat Shoals Parkway		
		Suite 322, Building C, 2nd Floor		
		Decatur	GA 30034	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		nber	-

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲				
	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, De	Name of Bank, Depository, etc.					
	Ameris Bank					
Mailing Address	2255 Northlake Pkwy					
	Tucker	30084				
	CITY ▲ STATE	▲ ZIP CODE ▲				
Name of Bank, Depository, etc.						
I						
Mailing Address						
	CITY ▲ STATE	▲ ZIP CODE ▲				