Image# 202111039468415971				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ		0	ffice Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.		
PANCAKE POL	ITICAL ACTION	COMMITTEE		
1				
	1340 HAMLET AVENUE			
ADDRESS (number and street)				
(Check if address is changed)				
			FL 337	756
	CITY ▲		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	TCERILLO@THEBOR	DER.COM		
is changed)	Optional Second E-Mail Ad	draca		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
le changed)				
2. DATE 10	05 / Y Y Y Y 2012			
3. FEC IDENTIFICATION	NUMBER ► C c	00482463		
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	l complete.
	0			
Type or Print Name of Treasu	rer Cerillo, Tony, , ,			
Signature of Treasurer	rillo, Tony, , ,	[Electronically Filed]	Date 11	03 / Y Y Y Y 2021
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis: Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC	Form 1 (Revised 02/2009)	Page 2
TYPE O	F COMMITTEE	
Candic	late 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. (Compinformation below.)	lete the candidate
Name of Candidat		
Candidat Party Aff		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	Committee:	
(d)		Democratic, Republican, etc.) Part
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is
	Corporation V/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
		oooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	pregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
C	Committees Participating in Joint Fundraiser	
1		
2	. FEC ID number	
3	FEC ID number	
4	FEC ID number C	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

PANCAKE POLITICAL ACTION COMMITTEE

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

	DNE 																																						
	Mailing Address				L																																		
					L																																		
					L																												Ļ		-	- [
													CI	TΥ											S	ТА	TE						Z	IP	СС	DE			
	Relationship:	Cor	nne	cteo	d Or	ga	niza	atic	n		Aff	iliat	ed	Coi	mn	nitte	e		J	oint	t Fu	ındı	rais	ing	Re	pre	esei	nta	tive	9		Le	ade	ers	hip	PA	C :	Spc	onsor
7.	Custodian of Red	cord	s:	der	ntify	by	na	me	e, a	ıdd	res	s (p	oho	ne	nu	mb	er	C	pti	ona	al) a	and	l po	siti	on	of	the	ре	ers	on	in	ро	sse	ess	ion	of	со	mm	nittee

 Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Cerillo, T	ony, , ,
Full Name	
Mailing Address	547 LAKEWOOD DR
	-
	OLDSMAR FL 34677
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 704 941 4482

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	Cerillo, Tony, , ,
Mailing Address	547 LAKEWOOD DR
	OLDSMAR
	CITY STATE ZIP CODE
Title or Position	Telephone number7049414482

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Full Name of Designated Agent	Turner, Wiley, , ,		
Mailing Address	4107 Columbia Rd.		
	Martinez	GA 30907	
	CITY	STATE	ZIP CODE
Title or Position	1	Telephone number	855 6395

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.

Wach	novia Bank, N.A.	
Mailing Address	3414 Peachtree Rd. NE	
	Suite 500	
	Atlanta	GA 30326
	CITY	STATE ZIP CODE
Name of Bank, Depositor	y, etc.	
Mailing Address		
	CITY	STATE ZIP CODE