PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **HUDSON FOR CONGRESS** PO BOX 5053 ADDRESS (number and street) (Check if address is changed) CONCORD 28027 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hudson@pdscompliance.com (Check if address X is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.RichardHudsonForCongress.com (Check if address is changed) DATE 2018 C00504522 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 12 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	H	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp	loto the candidate
		information below.)	nete the candidate
Nam Can	e of didate	HUDSON, RICHARD, L., , Jr.	
Can	didate	Office	State
Part	y Affiliati	on REP Sought: X House Senate President	District 08
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam	e of	This committee supports/opposes only one candidate, and is NOT all authorized committee.	
Can	didate		
Par	ty Con	nmittee: (National, State	Domocratic
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected 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)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	pregated fund or party
(.)	ш	committee. (i.e., nonconnected committee)	regules land of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political
/l=\	_	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	Ш	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	12/2009)	Page 3
Write or Type Committee Name		Tage •
HUDSON FOR		
	rganization, Affiliated Committee, Joint Fundraising Representati	ve. or Leadership PAC Sponsor
		, с
HUDSON FREEDOM I		
Mailing Address	228 S WASHINGTON ST STE 115	
	ALEXANDRIA VA	22314
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the	e person in possession of committee
Kilgore, Pa	ul, , ,	
	824 S Milledge Ave, Ste 101	
Mailing Address		
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committ ssistant treasurer).	tee; and the name and address of
Full Name Kilgore, Par	ul, , ,	ı
of Treasurer	824 S Milledge Ave, Ste 101	
Mailing Address		
	•••	
	Athens	30605
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	706 - 534 - 7780

FEC FO	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	s <u> </u>	
	CITY STATE	ZIP CODE
Title or Position	n	
	Telephone number	
safety deposit l	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. Depository, etc.	
safety deposit l	boxes or maintains funds. Depository, etc. Bank of America 1368 George W Liles Parkway NW	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 368 George W Liles Parkway NW s	
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 1368 George W Liles Parkway NW	7
safety deposit I Name of Bank,	boxes or maintains funds. Depository, etc. Bank of America 368 George W Liles Parkway NW s	ZIP CODE
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Bank of America 368 George W Liles Parkway NW S Concord NC 28027	
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Bank of America 368 George W Liles Parkway NW Concord Concord CITY STATE	
safety deposit I Name of Bank, Mailing Addres	boxes or maintains funds. Depository, etc. Bank of America 368 George W Liles Parkway NW Concord CITY STATE Topository, etc. Wells Fargo Bank 7901 Wisconsin Ave	
safety deposit I Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Bank of America 368 George W Liles Parkway NW Concord CITY STATE Topository, etc. Wells Fargo Bank 7901 Wisconsin Ave	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) oı	r(h). Joint Fundraisi n	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	HEALTH FIRST (COMMITTEE		
		PO BOX 30844		
	Mailing Address			
		PETITION		00004
		BETHESDA	MD	20824
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
-				
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
- 8.	Full Name	CITY A	STATE A	
- 9. !	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
- 9. :	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main	CITY CITY Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
- 9. :	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or matching and m	CITY CITY Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
- 9. :	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors or mail of Bank, Depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
- 9. :	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors or mail of Bank, Depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisi	ig Faiticipalit.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee X Joy Joy by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A