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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Limited Government, Opportunity and Values PAC (LOV PAC) 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00541680 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] 03 10 2017 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

| | EEC Eo | rm 1 (Pavisad 02/2000) | Page 2 | | | |
|--|---|--|-------------------------|--|--|--|
| | | omm 1 (Revised 02/2009) OMMITTEE | i aye Z | | | |
| Can | ndidate | date 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.) | | | | |
| Nam Cand | e of didate | | | | | |
| | didate / Affiliati | Office Sought: House Senate President | State | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | |
| Nam Cand | e of didate | | | | | |
| Par | ty Con | Committee: | | | | |
| (d) | (National, State (Democratic, or subordinate) committee of the Republican, etc. | | | | | |
| Poli | tical A | ction Committee (PAC): | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | | | | | | |
| | | 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 s committee. (i.e., nonconnected committee) | egregated 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.) | | | | |
| Join | t Fund | raising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | |
| | Com | Committees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number C | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4. | | | | | |

| | _ | | | | | | | |
|----|--------------------------|--|------------------|--|--|--|--|--|
| | FEC Form 1 (F | (Revised 02/2009) | Page 3 | | | | | |
| V | Vrite or Type Committ | tee Name | | | | | | |
| Į | _imited Go | vernment, Opportunity and Values PAC (LOV PA | (C) | | | | | |
| 6. | Name of Any Con | nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor | | | | | |
| L | OVE VICTORY | Y COMMITTEE | | | | | | |
| L | | | | | | | | |
| | Mailing Address | 824 S MILLEDGE AVENUE | | | | | | |
| | maining / taurese | SUITE 101 | | | | | | |
| | | ATHENS GA 30605 | | | | | | |
| | | CITY STATE ZIP | CODE | | | | | |
| | Relationship: C | Connected Organization Affiliated Committee Joint Fundraising Representative Leader | ship PAC Sponsor | | | | | |
| • | Custodian of Reco | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | | |
| | K | KILGORE, PAUL, , , | 1 | | | | | |
| | Full Name | ,824 S Milledge Ave Ste 101 | | | | | | |
| | Mailing Address | | | | | | | |
| | | | | | | | | |
| | | Athens GA 30605 | | | | | | |
| | Title or Position | CITY STATE ZIP | CODE | | | | | |
| | TREASURER | | | | | | | |
| 3. | | name and address (phone number optional) of the treasurer of the committee; and the name ent (e.g., assistant treasurer). | and address of | | | | | |
| | Full Name K of Treasurer | KILGORE, PAUL, , , | | | | | | |
| | Mailing Address | 824 S Milledge Ave Ste 101 | | | | | | |
| | | | | | | | | |
| | | Athens GA 30605 | | | | | | |
| | Title or Position | CITY STATE ZIP | CODE | | | | | |
| | TREASURER | Tolophono number 706 534 | 7780 | | | | | |

| FEC Form 1 | (Revised 02/2009) | | Page 4 | | | | |
|--|---|---------------------------------|-----------------------|--|--|--|--|
| | | | | | | | |
| Full Name of Designated GAgent | OODE, MICHAEL, , , | | | | | | |
| Mailing Address | 824 S Milledge Ave Ste 101 | | | | | | |
| | Athens | GA 3060 STATE | 05 | | | | |
| Title or Position ASSISTANT TREA | SURER | ephone number 706 - | 534 - 7780 | | | | |
| | positories: List all banks or other depositories in which | the committee deposits funds, h | nolds accounts, rents | | | | |
| safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | | | |
| S | UNTRUST BANK | | | | | | |
| Mailing Address | PO BOX 4418 | | | | | | |
| | | | | | | | |
| | ATLANTA | GA 3030 | 02 | | | | |
| | CITY | STATE | ZIP CODE | | | | |
| Name of Bank, Dep | ository, etc. | | | | | | |
| V | Vells Fargo | | | | | | |
| Mailing Address | 1750 West 12600 South | | | | | | |
| | | | | | | | |
| | Riverton | UT 8406 | 65 | | | | |
| | CITY | STATE | ZIP CODE | | | | |
| | | | | | | | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor MIA LOVE 913 WEST GROUSE CIRCLE Mailing Address SARATOGA SPRINGS 84045 **CITY** STATE 4 ZIP CODE Relationship: × Connected Organization Joint Fundraising Representative Leadership PAC Sponsor Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number