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) over the lines. is changed) First In Freedom 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 firstinfreedom@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00540146 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	. 0,50 -
(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. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee: (National, State	(Democratic
(d)		This committee is a committee of the committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 se 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.)	
Joir	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		
	→.		

	l
FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
First In Freedom PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Richard L. Hudson Jr.	
PO Box 5053	
Mailing Address	
Concord NC 2802	27-1500
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records.	possession of committee
Full Name	
Mailing Address	
Title or Position CITY STATE	ZIP CODE
Telephone number	
5. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	e name and address of
Full Name Kilgore, Paul, , ,	
of Treasurer 824 S Milledge Ave, Ste 101	
Mailing Address	
Athens GA 3060	05
CITY STATE Title or Position	ZIP CODE
Treasurer 706 — Telephone number — 706	534 7780

	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave, Ste 101		
	Athens	GA	30605
	CITY	STATE	ZIP CODE
Title or Position Assistant Treasu	urer Telephone nu	umber 70	06 - 534 - 7780
Banks or Other safety deposit bo Name of Bank, [Depositories: List all banks or other depositories in which the commoxes or maintains funds. Depository, etc.	ittee deposits f	unds, holds accounts, rents
	Wells Fargo		
Mailing Address	Wells Fargo		
Mailing Address	420 Montgomery St	. CA	.94104
Mailing Address	420 Montgomery St San Francisco	CA L	94104
	420 Montgomery St San Francisco CITY	CA STATE	94104 ZIP CODE
	420 Montgomery St San Francisco CITY Depository, etc.		
– Name of Bank, [420 Montgomery St San Francisco CITY		
Mailing Address Name of Bank, [420 Montgomery St San Francisco CITY Depository, etc.		
Name of Bank, [420 Montgomery St San Francisco CITY Depository, etc.		

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2	2.		FEC ID number	C
3	s. <u> </u>		FEC ID number	C
4			FEC ID number	C
	e of Any Connected Oudson Freedom F	organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S Milledge Ave, Ste 101		
		Athens	GA	30605
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	gnated Agent: Identify I	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name	CITY	STATE A	ZIP CODE A
F	Full Name	CITY A	STATE A	ZIP CODE A
9. Bank safet	Full Name	CITY Tele	phone Number	
9. Bank safet	Full Name Mailing Address TITLE OR POSITION As or Other Depositoric by deposit boxes or main e of Bank, pository, etc.	CITY Tele	phone Number	
9. Bank safet	Full Name Mailing Address TITLE OR POSITION To sor Other Depositoricy deposit boxes or mair The of Bank,	CITY Tele	phone Number	
9. Bank safet	Full Name Mailing Address TITLE OR POSITION As or Other Depositoric by deposit boxes or main e of Bank, pository, etc.	CITY Tele	phone Number	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	l Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
NC LPAC VICTO	PRY COMMITTEE		
Mailing Address	P.O. BOX 97275		
	RALEIGH	NC	27624
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
Connecte		t Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which paintains funds.	STATE A elephone Number the committee deposit	ZIP CODE A