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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 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 2019 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] 02 2019 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 Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate HUDSON, RICHARD, L., , Jr.	
Candidate Office	State
Party Affiliation REP Sought: * House Senate President	nt District 08
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	е.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected organization is a:
Corporation Wo 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 separa committee. (i.e., nonconnected committee)	te 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candic	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

1		l
FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Na	me	
<b>HUDSON FOR</b>	R CONGRESS	
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
HUDSON FREEDON	M FUND	
	<u> </u>	
Mailing Address	228 S WASHINGTON ST STE 115	
		22314
	ALEXANDRIA VA	
	CITY STATE	E ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee X Joint Fundraising Repres	entative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	lentify by name, address (phone number optional) and position of th	ne person in possession of committee
Kilgore,	Paul, , ,	
Full Name	,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 a any designated agent (e.g.	and address (phone number optional) of the treasurer of the commit, assistant treasurer).	ttee; and the name and address of
Full Name Kilgore,	Paul, , ,	I
of Treasurer	1924 S Millodgo Avo. Sto 104	
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 534 7780

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, Do	Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.  Pepository, etc.  Bank of America	1 1 1 1 1 1 1
safety deposit box Name of Bank, Do	Bank of America  368 George W Liles Parkway NW	
safety deposit box Name of Bank, De	epository, etc.  Bank of America	
safety deposit box Name of Bank, De	Bank of America  368 George W Liles Parkway NW	ZIP CODE
safety deposit box Name of Bank, De	Bank of America  368 George W Liles Parkway NW  Concord  CITY  STATE	
safety deposit box Name of Bank, De Mailing Address  Name of Bank, De	Bank of America  368 George W Liles Parkway NW  Concord  CITY  STATE  Repository, etc.	
safety deposit box Name of Bank, De Mailing Address  Name of Bank, De	Bank of America  368 George W Liles Parkway NW  Concord  CITY  STATE	
safety deposit box Name of Bank, De Mailing Address  Name of Bank, De	Bank of America  368 George W Liles Parkway NW  Concord  CITY  STATE  Wells Fargo Bank	
safety deposit box Name of Bank, Do Mailing Address  Name of Bank, Do	Bank of America  368 George W Liles Parkway NW  Concord  CITY  STATE  Pepository, etc.  Wells Fargo Bank  7901 Wisconsin Ave	
safety deposit box Name of Bank, Do Mailing Address  Name of Bank, Do	Bank of America  368 George W Liles Parkway NW  Concord  CITY  STATE  Wells Fargo Bank	

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

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		1		C
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundra	ising Representativ	e, or Leadership PAC Spon
HEALTH FIRST (	COMMITTEE			
Mailing Address	PO BOX 30844			
	BETHESDA		MD	20824
Relationship:	CIT	Υ 🛦	STATE A	ZIP CODE ▲
esignated Agent: Identify	d Organization Affiliated C		Fundraising Represent	ative Leadership PAC S
	, , , , , , , , , , , , , , , , , , , ,	arribor optional)		
Full Name				
Full Name				
Mailing Address	CITY		STATE A	ZIP CODE A
	CITY		STATE A ephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	CITY  ries: List all banks or other of	▲ Tel	ephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	CITY  ries: List all banks or other daintains funds.	▲ Tel	ephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	CITY  ries: List all banks or other daintains funds.  ce Bank	▲ Tel	ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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(h). <b>Joint Fundraisi</b>	ig i di dolpanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Team Telluride 2	Organization, Affiliated Committee, Joint Fu 019	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA GA	30605
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Jacob		
esignated Agent: Identif	d Organization Affiliated Committee  y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	d Organization Affiliated Committee  y by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  y by name, address (phone number – optional)  CITY  CITY  Ories: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A

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

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spons
TAKE BACK THE	E HOUSE 2020		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee   Join  fy by name, address (phone number – optional)	nt Fundraising Represent	
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee		
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee	STATE A	
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of the Position of	Affiliated Committee	STATE A	ZIP CODE A
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the same of Bank,	Affiliated Committee	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A

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h). <b>Joint Fundraisir</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
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4.		FEC ID number	С
lama of Ann Oannachad	Owner in the Affiliated Owner than I laint Found	walalia a Damma a sabatin	a and analom PAO Comm
AMERICANS FO	Organization, Affiliated Committee, Joint Fundr R BBQ 2019	raising nepresentative	e, or Leadership PAC Spon
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	Zano Zadolonip i rico di
	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or materials and the companion of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A