Only

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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. Randy Hultgren for Congress PO Box 717 ADDRESS (number and street) (Check if address is changed) St Charles 60174-0717 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS randyhultgren@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.hultgrenforcongress.com (Check if address is changed) DATE 2018 C00467522 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 17 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

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	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
Nam Cand	e of didate	Hultgren, Randy, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State IL District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 separate secommittee. (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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam	ne	
Randy Hultgrer	n for Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
REAGAN HERITAGE	E PAC	
Mailing Address	824 S MILLEDGE AVE STE 101	
	ATHENS GA 30605 CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponso
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in po	essession of committee
Kilgore, F	Paul, , ,	
Mailing Address	824 S Milledge Ave	
	Suite 101 	
	Athens GA 30605	
Title or Position	CITY STATE	ZIP CODE
Treasurer		534 7780
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Kilgore, P	Paul, , ,	
Mailing Address	824 S Milledge Ave	
	Suite 101	
	Athens GA 30605	
Title or Position Treasurer	CITY STATE Telephone number 706	ZIP CODE 7780

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
salety deposit no	oxes or maintains funds.	
Name of Bank, D	Depository, etc.	
-	Depository, etc. Inland Bank	1 1 1 1 1 1 1
	Depository, etc.	
Name of Bank, D	Depository, etc. Inland Bank	
Name of Bank, D	Depository, etc. Inland Bank	5400
Name of Bank, D	Inland Bank 330 S Naperville Road Wheaton IL 60187-5	
Name of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton IL 60187-5	5400 ZIP CODE
Name of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton IL 60187-5	
Name of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton IL 60187-5	
Name of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton IL 60187-5 CITY STATE	
Name of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton CITY STATE Depository, etc.	
Mailing Address Name of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton IL 60187-5 CITY STATE Depository, etc. Wells Fargo 420 Montgomery Street	
Mailing Address Mame of Bank, D	Depository, etc. Inland Bank 330 S Naperville Road Wheaton CITY STATE Depository, etc.	

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

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n). Joint Fundraising	Participant:				
1.			FE	EC ID number	C
2.			FE	EC ID number	C
3.			FE	EC ID number	С
4.			FE	EC ID number	С
		ed Committee, Join	t Fundraisino	g Representative	e, or Leadership PAC Spor
HK VICTORY 2018	3 				
Mailing Address	PO BOX 9891				
	ARLINGTON			VA	22219
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
		filiated Committee		raising Representa	Leadership PAC S
				raising Representa	Leadership PAC S
esignated Agent: Identify				raising Representa	Leadership PAC S
esignated Agent: Identify Full Name				raising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (p		onal)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (p	phone number – opti	onal)		
esignated Agent: Identify Full Name	by name, address (p	phone number – opti	onal)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main	by name, address (p	ohone number – opti	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring depositions are of Bank, Chain Expository, etc.	by name, address (p	ohone number – opti	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Anks or Other Depositoring fety deposit boxes or main mame of Bank, Chain E	by name, address (p	ohone number – opti	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring depositions are of Bank, Chain Expository, etc.	by name, address (p	ohone number – opti	onal)	STATE A	ZIP CODE A