Image# 201907059150449341				07/05/2019 11.40
FEC	STATEMEI ORGANIZ			PAGE 1 / 7 🗕
FORM 1	OTIGANIZ	Anon		Office Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
	is changed)	over the lines.		
ADDRESS (number and street)	824 S Milledge Ave Ste 101			
(Check if address is changed)				
	Athens		GA 30	605
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)	thunderboltpac@pdsco	-		
	Optional Second E-Mail Ad ∣admin@pdscomplia	dress		
	adminepuscompila			
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	05 / Y Y Y Y 2019			
3. FEC IDENTIFICATION I	NUMBER ► C C	00574376		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A))	
I certify that I have examined	this Statement and to the best	of my knowledge and belie	of it is true, correct and	d complete.
	_{rer} Kilgore, Paul, , ,			
Type or Print Name of Treasu				
Signature of Treasurer Kila	gore, Paul, , ,	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 05 2019
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI		-	e penalties of 2 U.S.C. §437
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 06/2012)

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FEC FC	Page 2
TYPE OF C	COMMITTEE
Candidate	e 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.)
Name of Candidate	
Candidate Party Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Participation
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Corr	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

THUNDERBOLT PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MARTHA MCSAL		
Mailing Address	PO BOX 19128	
	TUCSON AZ 85731 CITY STATE ZIP CO	 DDE
Relationship: Cor	onnected Organization Affiliated Committee Joint Fundraising Representative K Leadershi	p PAC Sponso
 Custodian of Record books and records. 	ds: Identify by name, address (phone number optional) and position of the person in possession	ı of committee
Full Name		
Mailing Address		
		-
Title or Position	CITY STATE ZIP CO	DDE
	Telephone number	-
8. Treasurer: List the nai any designated agent	ame and address (phone number optional) of the treasurer of the committee; and the name and (e.g., assistant treasurer).	address of
	gore, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605 CITY STATE ZIP CO	-)DE
Title or Position Treasurer	706 534 Telephone number	- 7780

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Goode, Michael, , ,
Mailing Address	824 S Milledge Ave Ste 101
	Athens
	CITY STATE ZIP CODE
Title or Position Assistant Treasu	rer Telephone number 706 534 _ 7780

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Suntru	st Bank		
Mailing Address	PO Box 4418		
	Atlanta	GA 30302	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
BB&T			, I
	1909 K Street NW		
Mailing Address			
	Washington		
	CITY	STATE ZIP CODE	

FFC	Form	1 S	(Revised	02/2017)
I LO	1 01111	10	(LIEVISEU	02/2017)

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

5(g) or (h).	Joint	Fundraising	Participant:
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1. [FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor MCSALLY VICTORY COMMITTE

Mailing Address	228 S WASHINGTON S	TREET SUITE 115		
				22314
Relationship:			STATE A	ZIP CODE
Connected	Organization Affiliate	d Committee	pint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address																										
								1																		
																								- [
TITLE OR POSITION	•				C	CIT	Y								S	TAT	Έ				ZIP	C	OD	E		
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Wells F Depository, etc.	. argo		
Mailing Address	420 Montgomery St		
	San Francisco		94130
	CITY A	STATE A	ZIP CODE 🔺

FFC	Form	1S	(Revised	02/2017)
			(11001000	02/2017/

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

5(g)	or(h). Joint Fundraising	Participant:													
	1.		FEC ID number	С											
	2.		FEC ID number	С											
	3.		FEC ID number	С											
	4.		FEC ID number	С											
6.	-	Drganization, Affiliated Committee, Joint Fundra E VICTORY FUND 2020	ising Representative	e, or Leadership PAC Sponsor											
	Mailing Address	824 S MILLEDGE AVE STE 101													
			GA	30605											
	Relationship:	CITY 🔺	STATE A	ZIP CODE A											
	Connected Organization														
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor											
8.		Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sponsor											
8.															
8.	Designated Agent: Identify		Fundraising Representa	Leadership PAC Sponsor											
8.	Designated Agent: Identify Full Name		Fundraising Representa												
8.	Designated Agent: Identify Full Name		Fundraising Representa												
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representa												

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	L																							
Mailing Address	<u> </u>														 									
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	oint Fundraising	Participant	:							
1.						FEC IE) number	С		
2.						FEC IE) number	С		
3.						FEC IE) number	С		
4.						FEC II) number	С		
	ny Connected O				oint Fund	raising Rep	oresentativ	e, or Lead	ership PA	C Sponsor
	D FOR A US									
Mailin	ng Address	824 S MILI	LEDGE AVE S	TE 101						
		ATHENS					GA	3060	5	-
Relati	ionship:		(STATE A	· <u>····</u>	ZIP CC	
	Connected	Organization	Affiliated	d Committee	¥ Joint	: Fundraising	g Represent	ative	Leadership	o PAC Spons
Designated	Agent: Identify I	by name, ad	ldress (phone	number – c	optional)					
Designated Full Nar		by name, ao	Idress (phone	e number – c	ptional)					
Full Nar		by name, ac	Idress (phone	e number – c	optional)					
Full Nar	me	by name, ac	Idress (phone	e number – c	pptional)					
Full Nar	me	by name, ac	Idress (phone	<pre>e number - c</pre>	pptional)					
Full Nar	me			e number – c	optional)					

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	<u> </u>																						
Mailing Address																							
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