11036653378

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
2011 AUG 18 AM 8: 56
Office Teeford MAN

| 1. | NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typying, type over the lines | 12FĘ4M5 | THE CENTER |
|---|--|------------------------------------|---|------------------------------------|------------------------|
| Ц | WELLS PAC | | | | لتتتت |
| Ш | | | | | |
| ADI | DRESS (number and street) | 2470 DANIELLS BRII | DGE RD STE 121 | | |
| - | (Check if address | | | | |
| '.j | is changed) | ATHENS | | GA 306 | 06 |
| | | | CITY | STATE _ Z | P CODE |
| CO | MMITTEE'S E-MAIL ADDRE | SS (Please provide only one e | | | |
| 200 | (Check if address | PAUL@PDSCOMPLI | ANCE>COM | | |
| L.J | is changed) | | | | |
| 00 | MANUTTEE'S MED DAGE AD | DDESS (LIDI.) | | | |
| CO | MMITTEE'S WEB PAGE AD | | | | |
| ALTERNATION AND ADDRESS OF THE PARTY OF THE | (Check if address is changed) | | | | |
| | | | | | |
| | | | | | |
| 2. | DATE M M / D | 0 8 Y 2 0 1 1 | | | |
| 3. | FEC IDENTIFICATION NU | MBER | C | nowled of 'C | |
| 4. | IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| ٦. | for the state of t | | | | |
| l ce | rtify that I have examined this St | tatement and to the best of my kno | wledge and belief it is true, correct | and complete | |
| | | Paul Vilance | | · | |
| Тур | e or Print Name of Treasure | , Taol English | 011 | | |
| Slg | nature of Treasurer Electro | onically Filed by | lhlg | Date 0.8 / 0.8 | 3 2.011 |
| NO | TE: Submission of false, erroned | ous, or incomplete information may | subject the person signing this Sta | atement to the penalties of 2 U.S. | C. §437g. |
| | | ANY CHANGE IN INFORMAT | TION SHOULD BE REPORTED | WITHIN 10 DAYS | |
| | Office Use Only | | For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100 | ission FEC | FORM 1 sed 02/2009) |

| | | FEC F | orm 1 (Revised 02/2009) | Page 2 |
|------------|---------------|--------------------|--|---|
| 5 . | TYPE | OF CC | MMITTEE (Check One) | |
| | Cand | idate C | ommittee: | |
| | (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | (b) | - X | This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.) | te the candidate |
| | Name Cand | | | <u> </u> |
| | Cand Party | idate Affiliati | Office Senate President | State District |
| | (c) | - The stand | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name Cand | | | <u> </u> |
| - | Party | Comm | ittee: | |
| | (d) | | This committee is a (National, State (or subordinate) committee of the | (Democratic, Republican,etc.) Party. |
| | Politi | cal Act | ion Committee (PAC): | |
| | (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6. | ected organization is a: |
| | | · | Corporation Corporation w/o Capital Stock | bor Organization |
| | | | ga-a-a-g | - |
| | | | Membership Organization Trade Association C | poperative |
| | (f) | X X | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee) | ated fund or party |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | | | |
| | | | In addition, this committee is a Leadership PAC. (Identity sponsor on line 6.) | · |
| • | Joint | Fundrai | ising Representative: | |
| | (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| | (h) | 3 - Section 1 | 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. | o or more political |
| | | Comi | mittees Participating in Joint Fundraiser | |
| | | | 1. | |
| | | | 2. FEC ID number C | ารปีกรายราชน์เพพราะหนึ่งเพพร ายในสามเกรียนและ สมเราะนะ เกราะ |
| | | | 3. FEC ID number | |
| | | | FEC ID number | |

| Write or Type Committee Name | | | |
|---|--|--------------------------|-----------------------|
| | • | | |
| WELLS PAC | | | |
| Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising R | epresentative, or Leade | ership PAC Sponsor |
| REP JAMES AUSTIN | SCOTT | | |
| <u> </u> | | 1 1 1 1 1 1 1 | |
| Mailing Address | 621 MCCLENDON STREET | | |
| | | | |
| | ASHBURN | GA | 31714 |
| | CITY▲ | STATE 🛕 | ZIP CODE 🛕 |
| Relationship: Connected Organization | on Affiliated Committee | ing Representative | Leadership PAC Sponso |
| | | | · |
| Custodian of Records: lopossession of Committee | dentify by name, address, (phone number options e books and records. | ol), and position of the | person in |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| - | | | |
| - | | | _ |
| Title or Position ∀ | CITY A | STATE & | |
| | | STATE A | ZIP CODE 1 |
| Title or Position ♥ Treasurer: List the name | | one number | |
| Title or Position ♥ Treasurer: List the name name and address of ar | Telepho e and address (phone number optional) of the tre | one number | |
| Treasurer: List the name name and address of ar | e and address (phone number optional) of the treny designated agent (e.g., assistant treasurer). | asurer of the committ | |
| Title or Position ▼ Treasurer: List the name name and address of an Full Name of Treasurer PAUI | e and address (phone number optional) of the tre ny designated agent (e.g., assistant treasurer). L KILGORE | asurer of the committ | |
| Title or Position Treasurer: List the name name and address of are Full Name of Treasurer PAUL | e and address (phone number optional) of the treny designated agent (e.g., assistant treasurer). L KILGORE 2470 DANIELLS BRIDGE RD STE | asurer of the committ | ee; and the |

| FEC Form 1 | (Revised 02/2009) | | Page 4 |
|--|---|-------------------------------|---|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| itle or Position ∀ | CITY A | STATE A | ZIP CODE A |
| | Tele | phone number | |
| | pepositories: List all banks or other depositories in which the es or maintains funds. | e committee deposits funds, h | nolds accounts, rents |
| safety deposit boxe | es or maintains funds. spository, etc. SUNTRUST BANK | | nolds accounts, rents |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 | | |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 | | ı |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 L. L | | |
| safety deposit boxe Name of Bank, De Land Bank, De Mailing Address | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA CITY A | | 30302 |
| safety deposit boxe Name of Bank, De Land Bank, De Mailing Address | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA CITY A spository, etc. | | 30302 |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA CITY A spository, etc. | GA STATE △ | 30302 - , , , , , , , , , , , , , , , , , |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA CITY A spository, etc. | GA STATE A | 30302 - , , , , , , , , , , , , , , , , , |
| Banks or Other Desafety deposit boxed Name of Bank, Desage Mailing Address Mailing Address Mailing Address | es or maintains funds. spository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA CITY A spository, etc. | GA STATE A | 30302 - , , , , , , , , , , , , , , , , , |

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