PAGE 1 / 4

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. Thunderbolt PAC 2470 Daniels Bridge Rd Ste 121 ADDRESS (number and street) (Check if address is changed) Athens 30606 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00574376 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. Paul Kilgore Type or Print Name of Treasurer Paul Kilgore [Electronically Filed] 03 18 2015 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

F	FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE Committee:	<u> </u>
(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. (Con information below.)	nplete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee: (National, State	(Domocratic
(d)		This committee is a committee of the 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 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 scommittee. (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	raising 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.	
(h)		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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Davised (	22/2000)	Dogo 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
Thunderbolt PA		
		NAC Spansor
-	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	AC Sponsor
Martha McSally		
Mailing Address	PO Box 19128	
Walling Addiess		
	Tucson AZ 85731	
	CITY STATE ZIP	CODE
	CITY STATE ZIF	CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative X Leaders	ship PAC Sponsor
<ol><li>Custodian of Records: Iden books and records.</li></ol>	tify by name, address (phone number optional) and position of the person in possess	sion of committee
soone and records.		
Full Name		
Mailing Address		
		-
Title or Position	CITY	CODE
Title of Position	CITY STATE ZIP	CODE
	Telephone number	
<ol><li>Treasurer: List the name and any designated agent (e.g., a</li></ol>	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Paul Kilgor of Treasurer	e 	
Mailing Address	2470 Daniels Bridge Rd Ste 121	
	Athens	-
<del></del>	CITY STATE ZIP	CODE
Title or Position Treasurer		7780

1 20 101	<b>m 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Michael Goode	
Agent		
Mailing Address	2470 Daniels Bridge Rd Ste 121	
	Athens GA 30606	
		ZIP CODE
Title or Position Assistant Treas	surer     706     5	534 - 7780
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.  Depository, etc.  Suntrust Bank	s accounts, rents
safety deposit by Name of Bank,	Depository, etc.  Suntrust Bank  PO Box 4418	
safety deposit b	Depository, etc.  Suntrust Bank  PO Box 4418	s accounts, rents
safety deposit by Name of Bank,	Depository, etc.  Suntrust Bank  PO Box 4418	s accounts, rents
safety deposit by Name of Bank,	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta  GA 30302	ZIP CODE
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta  Atlanta  GA  30302	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta CITY STATE	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Suntrust Bank PO Box 4418 S Atlanta CITY STATE  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Suntrust Bank PO Box 4418 S Atlanta CITY STATE  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Suntrust Bank PO Box 4418 S Atlanta CITY STATE  Depository, etc.	