

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 1/5 SECRETARY OF STATE PUBLIC

15 MAY 14 PM 4:09

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PERDUE FOR SENATE

ADDRESS (number and street) PO BOX 12077

(Check if address is changed)

ATLANTA GA 30355 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) paul@pdscompliance.com

Optional Second E-Mail Address mgoode@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.perdueforsenate.com

2. DATE 08 / 04 / 2014

3. FEC IDENTIFICATION NUMBER C C00547570

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 belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer PAUL KILGORE Date 05 / 11 / 2013

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.

15020166522

5. TYPE OF COMMITTEE

Candidate 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 **DAVID PERDUE**

Candidate Party Affiliation REP House Senate President State GA District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 connected 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 segregated fund or party 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.		FEC ID number	<input type="checkbox"/> C
2.		FEC ID number	<input type="checkbox"/> C
3.		FEC ID number	<input type="checkbox"/> C
4.		FEC ID number	<input type="checkbox"/> C

15020166525

Write or Type Committee Name

PERDUE FOR SENATE

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

PERDUE VICTORY, INC.

Mailing Address

PO BOX 12077

ATLANTA

GA

30355

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

PAUL KILGORE

Mailing Address

2470 DANIELLS BRIDGE RD STE 121

ATHENS

GA

30606

CITY

STATE

ZIP CODE

Title or Position
TREASURER

Telephone number

706

534

7780

15020166524

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

BANK OF NORTH GEORGIA

Mailing Address

334 E PACES FERRY RD NE

[Empty grid for Mailing Address line 2]

ATLANTA

GA

30305

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

SUNTRUST BANK

Mailing Address

PO BOX 4418

[Empty grid for Mailing Address line 2]

ATLANTA

GA

30302

CITY

STATE

ZIP CODE

15020166525

FORM 1S - STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1 (Revised 06/2011)

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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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

GEORGIA VICTORY FUND

Mailing Address

2470 DANIELS BRIDGE RD STE 121

ATHENS

GA

30606

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____

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WASHINGTON, DC 20013-7578



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United States Senate

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Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

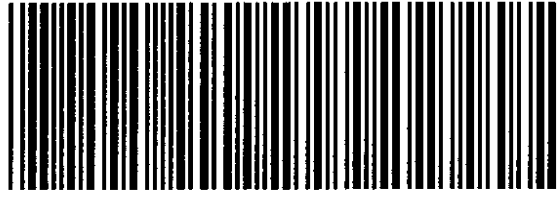
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Date of Receipt

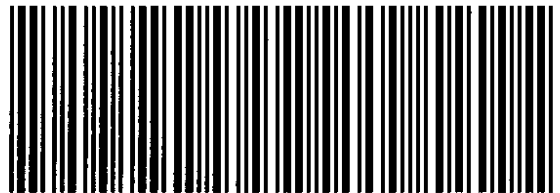
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Date of Receipt or Postmark

PREPARER MN DATE PREPARED 5/14/15

15020166528



SEN PATCH



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15020166529