(Revised 06/2012)

FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Valor Fund 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS megan@pdscompliance.com (Check if address X is changed) Optional Second E-Mail Address cassie@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 28 2017 C00584755 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Brown, Megan, , , Type or Print Name of Treasurer Brown, Megan, , , [Electronically Filed] 80 28 2017 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

Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i uyo 🚣				
Can	ndidate	date Committee:					
(a)	Ш	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.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	mmittee:					
(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 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 s committee. (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 transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC Form 1 (I	Revised 02/2009)	Page 3
Write or Type Committ	tee Name	
Valor Fund		
6. Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: C	Connected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponso
Custodian of Reco books and records.	ords: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name	Brown, Megan, , ,	
	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	706 Telephone number	534 - 7780
. Treasurer: List the any designated ager	name and address (phone number optional) of the treasurer of the committee; arn t (e.g., assistant treasurer).	d the name and address of
Full Name B of Treasurer	rown, Megan, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	Randolph, Cassie, , ,	<u></u>				
Mailing Address	824 S Milledge Ave Ste 101					
	Athens GA 30605	, 1-1				
	CITY STATE ZIF	P CODE				
Title or Position Assistant Treast	urer	4 7780				
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.						
	Suntrust Bank					
Mailing Address	PO Box 4418					
	Atlanta GA 30605					
	CITY STATE ZII	P CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE ZII	P CODE				