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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. PEACH PAC 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 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 09 2017 C00569921 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 04 09 2018 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

EEA	Form 1 (Revised 02/2009)	Page <b>2</b>
	F COMMITTEE	1 aye <b>2</b>
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising 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.	vo or more political
(h)	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
(	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

		I
FEC Form 1 (Revised 0)		Page <b>3</b>
Write or Type Committee Name		
PEACH PAC		
6. Name of Any Connected On	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
Collins Leadership Fun	l <b>d</b>	
Mailing Address	824 S, Milledge Ave. Ste. 101	
	Athens GA 30605  CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee   Joint Fundraising Representative Lea	dership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in posi	session of committee
Goode, Mic	hael, , ,	1
Full Name	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens GA 30605	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		534 - 7780
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nar ssistant treasurer).	ne and address of
Full Name Kilgore, Pau of Treasurer	л,,,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
Title or Position <sub>I</sub> Treasurer	, 706 , 5	ZIP CODE 534   7780
	Telephone number	

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Full Name of Designated Agent	Kilgore, Pa	ıl, , ,		
Mailing Address		824 S Milledge Ave Ste 101		
3				
		Athens	GA :	30605
		CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone	number 706	534 7780
Banks or Other safety deposit be		s: List all banks or other depositories in which the con	nmittee deposits fund	ds, holds accounts, rents
Name of Bank,	Depository, et	C.		
Name of Bank,				
	Wells F			
Name of Bank,  Mailing Address	Wells F	argo		
	Wells F	argo	CA (	94104
	Wells F	argo  400 Montgomery St.	CA STATE	94104 ZIP CODE
Mailing Address	Wells F	argo  400 Montgomery St.  San Francisco  CITY		
Mailing Address	Wells F	argo  400 Montgomery St.  San Francisco  CITY		
Mailing Address	Depository, et	400 Montgomery St.  San Francisco  CITY		
	Depository, et	400 Montgomery St.  San Francisco  CITY  C.		
Mailing Address  Name of Bank,	Depository, et	400 Montgomery St.  San Francisco  CITY  C.	STATE	

FEC Form 1S (Revised 02/2017)

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

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n). Joint Fundraising	raiticipant.				
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
	Organization, Affiliat	ed Committee, Joi	nt Fundrais	ing Representativ	e, or Leadership PAC Spor
DOUG COLLINS					
Mailing Address	4833 T. MARTIN RI	)			
	GAINESVILLE			GA	30506
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected		filiated Committee		ndraising Represent	Leadership PAC S
				ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify				ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name				ndraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (p		tional)		Leadership PAC S
Connected  esignated Agent: Identify  Full Name  Mailing Address	by name, address (p	phone number – opt	tional)		
Connected esignated Agent: Identify Full Name	by name, address (p	phone number – opt	tional)		
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main  ame of Bank,	by name, address (p	ohone number – opt	tional)	STATE A	
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	by name, address (p	ohone number – opt	tional)	STATE A	ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main  ame of Bank,	by name, address (p	ohone number – opt	tional)	STATE A	ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	by name, address (p	ohone number – opt	tional)	STATE A	ZIP CODE A