FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. First In Freedom 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 31 2017 C00540146 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 03 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

_		1. (Davids at 00/0000)	Da 0	
		m 1 (Revised 02/2009) DMMITTEE	Page 2	
		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 Candi				
Candi Party	idate Affiliatio	Office Sought: House Senate President	State	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candi				
Part	y Com	mittee:	Damaaus ¹ -	
(d)		· · · · ·	Democratic, Republican, etc.) Party	
Polit	tical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	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 seg 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	t Fund	raising 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)		This committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.			

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Write or Type Committee Na		. 290
First In Freedo		
	d Organization, Affiliated Committee, Joint Fundraising Representative	or Leadership BAC Spansor
		, or Leadership PAC Sportsor
Richard L. Hudson J	¹ 1.	
Mailing Address	PO Box 5053	
Mailing Address		
	Concord	28027-1500
	OTATE OTATE	71D 00DF
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represent	ative x Leadership PAC Sponso
custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
 Treasurer: List the name any designated agent (e.g 	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	; and the name and address of
Full Name Kilgore,	Paul, , ,	
of Treasurer		
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens	30605
Title on Desiries	CITY STATE	ZIP CODE
Title or Position Treasurer		706

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Full Name of Designated Agent Good	de, Michael, , ,					
Mailing Address	824 S Milledge Ave, Ste 101					
	Athens CITY STATE	30605 ZIP CODE				
Title or Position Assistant Treasurer	Telephone number	5 534 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.						
vvei	Ils Fargo 420 Montgomery St					
Mailing Address						
	San Eranainaa	194104				
	San Francisco CA					
	CITY STATE	ZIP CODE				
Name of Bank, Deposite	cory, etc.	_				
1		1				
Mailing Address						
Mailing Address						
Mailing Address						

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Hudson Freedom Fund 824 S Milledge Ave, Ste 101 Mailing Address GΑ 30605 Athens **CITY** STATE 4 ZIP CODE Relationship: X 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 [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NORTH CAROLINA FREEDOM FUND 2017 824 S MILLEDGE AVE STE 101 Mailing Address **ATHENS** GΑ 30605 **CITY** STATE 4 ZIP CODE Relationship: X Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number