Only

STATEMENT OF

PAGE 1/5 =

FEC FORM 1			GANIZ/				C	Office Use	Only		
1. NAME OF COMMITTEE (ir	, full)		ck if name anged)	Example:If ty		12FE	4M5				
,	,	IS CIT	angeu)	over the line	5.		-				
PEACH PA											
ADDRESS (number a	nd street)	824 S Milledg	e Ave Ste 101			1 1 1 1	1 1	1 1 1	1 1 1	1 1	, I
ADDRESS (number and street) (Check if address		1									
is changed	d)	Athens				GA	30	605			
		CITY 4	<u> </u>			STATE	<u> </u>		 ZIP CC	DDE 🛦	
COMMITTEE'S E-MA	VII ADDD										
(Check if a is changed	address		@pdscomplia	ance.com		1 1 1 1					
			ond E-Mail Add				1 1				
COMMITTEE'S WEB (Check if a is changed	address										
2. DATE 1		4 201	Y Y 8								
B. FEC IDENTIFIC	CATION N	JMBER ▶	C co	00569921							
1. IS THIS STATEM	MENT	NEW (N)	OR	x AM	ENDED (A)						
certify that I have e	examined th	nis Statement a	nd to the best	of my knowledg	e and belief it	t is true, c	orrect and	d comple	ete.		
Type or Print Name	of Treasure	r Kilgore, Paul	, , ,								
Signature of Treasure	er <i>Kilgo</i>	re, Paul, , ,		[Electron	ically Filed]	Date	12	14	/ Y	2018	
NOTE: Submission of	false, erron			may subject the p				e penaltie	s of 2 L	J.S.C. §	437g.
Office Use				Federal E	er information of lection Commiss 800-424-9530				FORI		

Toll Free 800-424-9530

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
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	.	

F50.5 1 (D. :	L 00/0000)	5 2
FEC Form 1 (Revised Write or Type Committee Nan		Page 3
PEACH PAC	ne -	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Collins Leadership Fu	und 	
Mailing Address	824 S, Milledge Ave. Ste. 101	
	Athens GA 306	605
	CITY STATE	ZIP CODE
	ted Organization Affiliated Committee	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person	in possession of committee
	Michael, , ,	
Full Name	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens , GA , 30	605
	Athens GA 300	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	- 534 - 7780
3. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the distribution of the treasurer.	he name and address of
Full Name Kilgore, F	Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 306	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- [

	(02/2009)		Page 4
Full Name of Designated Agent	Kilgore, Pa	il, , ,		
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	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

1.	, , , , , , , , , , , , , , ,	FEC ID number	C
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3.		FEC ID number	C
4		1 20 15 Hambon	
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
DOUG COLLINS			
Mailing Address	4833 T. MARTIN RD		
Mailing Address			
	GAINESVILLE	ı GA ı	30506
Relationship:	CITY A	STATE ▲	ZIP CODE A
rtelationship.	CITY	SIAIE	ative Leadership PAC S
	by name, address (phone number – optional)		
Full Name			
Full Name _ _	Line in the interest of the in		
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor	CITY CITY Te	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	CITY CITY Te	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material ame of Bank,	CITY CITY Te	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material ame of Bank,	CITY CITY Te	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY CITY Te	elephone Number	