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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. OVE 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 MICHAEL@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00541680 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. PAUL KILGORE Type or Print Name of Treasurer PAUL KILGORE [Electronically Filed] 05 2015 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

	EEC F -	1 (Paying 02/2000)	Page 2			
		om 1 (Revised 02/2009) OMMITTEE	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.)				
Nam Cand	e of didate					
	didate / Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of didate					
Par	ty Con	nmittee:	(Damas anatis			
(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)	X	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	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 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.					

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Write or Type Committee Nam		raye 3
LOVE PAC		
	Organization, Affiliated Committee, Joint Fundraising Representa	ativo or Loadership BAC Spensor
_	organization, Anniated Committee, Joint Fundraising Representa	nive, of Leadership PAC Sportson
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of t	he person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commassistant treasurer).	ittee; and the name and address of
Full Name PAUL KIL	GORE	
of Treasurer	824 S Milledge Ave Ste 101	
Mailing Address		
	. Ada	
	Athens	
Title or Position TREASURER	CITY STATE	ZIP CODE 706 534 7780
	Telephone number	

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Full Name of Designated	MICHAEL GOODE	
Agent Mailing Address	824 S Milledge Ave Ste 101	
<u> </u>		
	Athens GA 30605	
	CITY STATE	ZIP CODE
Title or Position ASSISTANT TR	EASURER Telephone number 706 - 5	534 - 7780
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. SUNTRUST BANK PO BOX 4418	
Ç		
	ATLANTA GA 30302	
	CITY STATE	ZIP CODE
	Non-street street	ZII CODL
Name of Bank, [рероѕітогу, етс.	
Name of Bank, [Depository, etc.	ZII CODE
Name of Bank, E		ZII GODL
		ZII GODL