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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. GARY PALMER FOR CONGRESS 1919 OXMOOR RD #235 ADDRESS (number and street) (Check if address is changed) **HOMEWOOD** 35209 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS garypalmer@pdscompliance.com (Check if address X is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00551374 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] 12 12 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

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	COMMITTEE	
Candidat	e Committee:	
(a) x	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. (Corinformation below.)	nplete the candidate
Name of Candidate	Palmer, Gary, , ,	
Candidate	Office REP Sought: X House Senate President	State
Party Affiliat	ion REP Sought: X House Senate President	District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.)	
Joint Fund	draising 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

Γ	_			
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V	Vrite or Type Committee Name)		
(GARY PALMER	R FOR CONGRESS		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joi	nt Fundraising Representative,	or Leadership PAC Sponsor
R	REPUBLICANS INSPI	RING SUCCESS & EMPOV	WERMENT PROJECT	(RISE PROJECT)
ī				
	Mailing Address	PO BOX 2485		
	Mailing Address			
		SPRINGFIELD		22152
		CITY	STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee	X Joint Fundraising Representat	ive Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number -	- optional) and position of the pe	rson in possession of committee
	Full Name			
	Mailing Address			
	3			
				1
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the committee;	and the name and address of
	Full Name Kilgore, Pa	ul, , ,		
	Mailing Address	824 S. Milledge Ave		
		Ate 101		
		Athens	GA	30605 _
		CITY	STATE	ZIP CODE
	Title or Position			
			Telephone number	

. 20 1 01111 1	(Revised 02/2009)	
Full Name of Designated G Agent	Soode, Michael, , ,	
Mailing Address	824 S. Milledge Ave	
	Ste 101	
	Athens GA 30605	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Name of Bank, Dep	s or maintains funds. pository, etc. Regions	
Name of Bank, Dep	pository, etc.	
Name of Bank, Dep	ository, etc. Regions	
Name of Bank, Dep	Regions 1900 Fifth Ave N Birmingham AL 35203	ZIP CODE
Name of Bank, Dep	Regions 1900 Fifth Ave N Birmingham CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Regions 1900 Fifth Ave N Birmingham CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Regions 1900 Fifth Ave N Birmingham CITY STATE Pository, etc.	ZIP CODE

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

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h). Joint Fundraisi r	ig raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Palmer Victory Co	ommittee		
	1010 0		
Mailing Address	1919 Oxmoor Rd		
	#223		
	Homewood	, , AL	35209
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY Touries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional) CITY CITY Transfer is: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Transfer is: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Transfer is: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Bryan	y by name, address (phone number – optional) CITY CITY To bries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY To bries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A