Only

STATEMENT OF

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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 mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 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] 03 10 2016 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

Local 202-694-1100

ſ	FEC Fo i	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
Can	didate 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 Cand						
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	ty Com	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a			
		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 segrecommittee. (i.e., nonconnected committee)	egated fund or party			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising 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.	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.	or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

Write or Type Committee N		Page 3
	Jame	
LOVE PAC		
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
MIA LOVE	.	
Mailing Address	913 WEST GROUSE CIRCLE	
	SARATOGA SPRINGS UT	84045
	CITY STATE	ZIP CODE
_		_
Custodian of Records:	Affiliated Committee Joint Fundraising Representate Identify by name, address (phone number optional) and position of the per	tive X Leadership PAC Sponserson in possession of committee
books and records.		
PAUL Full Name	KILGORE	
	824 S Milledge Ave Ste 101	
Mailing Address		
	, Athens	30605
	OUTL	
Title or Position	CITY STATE	ZIP CODE
Title or Position		ZIP CODE 06
TREASURER	Telephone number e and address (phone number optional) of the treasurer of the committee;	06 534 7780
TREASURER Treasurer: List the name any designated agent (e.	Telephone number e and address (phone number optional) of the treasurer of the committee;	06 534 7780
TREASURER Treasurer: List the name any designated agent (e. Full Name PAUL	Telephone number e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer).	06 534 7780
Treasurer: List the name any designated agent (e. Full Name PAUL of Treasurer	Telephone number e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer). KILGORE	06 534 7780
Treasurer: List the name any designated agent (e. Full Name of Treasurer	Telephone number e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer). KILGORE	06 534 7780
TREASURER Treasurer: List the name any designated agent (e. Full Name of Treasurer	e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer). KILGORE 824 S Milledge Ave Ste 101	and the name and address of

FEC Form 1 (Rev	rised 02/2009)		Page 4				
Full Name of Designated Agent MICHA	AEL GOODE						
Mailing Address	824 S Milledge Ave Ste 101						
	Athens	GA 300	605 ZIP CODE				
Title or Position ASSISTANT TREASURE	ER ,	Telephone number 706	- 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. SUNTRUST BANK							
Mailing Address	PO BOX 4418						
	ATLANTA	GA 303	302				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY	STATE	ZIP CODE				

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 LOVE VICTORY COMMITTEE 824 S MILLEDGE AVENUE Mailing Address SUITE 101 **ATHENS** GΑ 30605 **CITY** STATE 4 ZIP CODE Relationship: 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