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**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Kathy for Maryland

ADDRESS (number and street) PO Box 43516  
 (Check if address is changed)  
Nottingham MD 21236  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) paul@pdscompliance.com  
Optional Second E-Mail Address  
mgoode@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) www.kathyformaryland.com

2. DATE 11 / 03 / 2015

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Paul Kilgore Date 11 / 04 / 2015

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.

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