FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **BURGESS 4 UTAH** 824 S Milledge Ave ADDRESS (number and street) Ste 101 (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address burgess@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00725853 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Kilgore, Paul,, Date 06 03 2024 Signature of Treasurer Kilgore, Paul, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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 information below.)	candidate
	Name of Candidate OWENS, BURGESS, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State UT District 04
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

I	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name	<u>. </u>		-
	BURGESS 4 UT	AH		
6.	-	rganization, Affiliated Committee, Join	t Fundraising Representat	ive, or Leadership PAC Sponsor
	BURGESS OWENS	VICTORY COMMITTEE		
	1			
		1824 S MILLEDGE AVE STE 101		
	Mailing Address	024 3 WILLEDGE AVE STE 101		
		ATHENS	GA L	30605
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repres	entative Leadership PAC Sponso
		_		
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number op	otional) and position of the pe	rson in possession of committee
	Kilgore, Pa	ul		
	Full Name			
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	, GA	30605
	Title or Position ▼	CITY A	STATE	▲ ZIP CODE ▲
	Treasurer	1		706 534 7780
			Telephone number	
8.	any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the commi	ttee; and the name and address of
	Full Name Kilgore, Pa	ul, , ,		
		824 S Milledge Ave Ste 101		
	Mailing Address			
		Athens	GA	30605
		CITY A	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer	<u> </u>	Telephone number	706 - 534 - 7780

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Full Name of Designated Agent Mailing Address	Goode, Michael, , , 824 S Milledge Ave Ste 101 Athens	GA	30605
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		number 7	706 - 534 - 7780
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	Classic City Bank 2365 West Broad St Athens CITY	GA STATE A	30606
Name of Bank, D			
	Wells Fargo Bank		
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD	20814
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Jama of Any Connector	l Organization, Affiliated Committee, Joint Fund	reising Depresentative	o at Londorchin DAC Spans
TRANSPORTATION		ilaising nepresentative	e, or Leadership FAC Spons
Mailing Address	502 6TH STREET		
	HUDSON	wi wi	54016
		STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	it Fundraising Representa	Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join for by name, address (phone number – optional) CITY	at Fundraising Representa	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which aintains funds.	STATE Telephone Number	ZIP CODE A

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

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ı			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connec	ed Organization, Affiliated Comn	nittoo loint Fundrais	ing Paprasantative	or Leadership BAC Spans
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Mailing Address	502 6TH STREET			
	HUDSON		WI	54016
Relationship:	CITY	A	STATE ▲	ZIP CODE ▲
	eted Organization Affiliated Connected Organization Affiliated Connected Organization			
esignated Agent: Ide				
Pesignated Agent: Ide				
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FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundrais	3		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
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esignated Agent: Ident	ed Organization Affiliated Committee Jeify by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Anks or Other Depositatety deposit boxes or research.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit afety deposit boxes or related to the position of Bank, are pository, etc.	cify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A