FEC

Only

STATEMENT OF

PAGE 1/8

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HUDSON FOR CONGRESS PO BOX 1875 ADDRESS (number and street) (Check if address is changed) Southern Pines NC 28388 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address hudson@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.RichardHudsonForCongress.com (Check if address is changed) DATE 2023 C00504522 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 80 19 2025 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Complete information below.)	the candidate
Name of Candidate HUDSON, RICHARD, L., , Jr.	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NC District 09
(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 Republica	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ted 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).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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 Form 1 (Revised 0	2/2009)		Page 3
	Vrite or Type Committee Name	2/2009)		гауе 🦸
-	HUDSON FOR (CONGRESS		
6.		rganization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leader	ship PAC Sponsor
	HUDSON FREEDON	1 FUND		
	Mailing Address	228 S WASHINGTON ST STE 115		
		1		
		ALEXANDRIA	VA 22314	1_1
		CITY ▲ STA	 ATE ▲	ZID CODE A
	D		_	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Rep	presentative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the	e person in possess	sion of committee
	Kilgore, Pa	ul, , ,		
	Full Name			
	Mailing Address	824 S Milledge Ave, Ste 101		
		Athens	GA 30605	
		CITY ▲ STA	ATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	706	534 7780
				_
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the conassistant treasurer).	mmittee; and the n	ame and address of
	Full Name Kilgore, Pa	ul, , ,		
	or neasurer	₁ 824 S Milledge Ave, Ste 101		
	Mailing Address			
		Athens	GA 30605	
	Title or Position ▼	CITY ▲ STA	ATE A	ZIP CODE ▲
	Treasurer	Telephone number	706	534 7780

Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, ho xes or maintains funds.	lds accounts, rents
Name of Bank, D	pepository, etc.	
	Bank of America	
Mailing Address	368 George W Liles Parkway NW	
	Concord NC 28027	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	Classic City Bank	
Mailing Address	2365 West Broad St	
	Athens GA 30606	
	CITY ▲ STATE ▲	ZIP CODE ▲

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

Page	of 8	
------	------	--

h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
PIT CREW FUND	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 97275		
	RALEIGH	NC NC	27624
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connect	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ed Organization Affiliated Committee X Joint by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ed Organization Affiliated Committee X Joint by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Depositatety deposit boxes or name of Bank, epository, etc.	ed Organization	STATE A Telephone Number	ZIP CODE ZIP CODE se funds, holds accounts, rents

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

Page ___ **of** 8___

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
HUDSON VICTORY	FUND		
Mailing Address	824 S. MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership 1710 op
			Leadership PAC Sp
esignated Agent: Identi			Leadership 1760 op
esignated Agent: Identi			Leadership 17/6 op
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the content of t	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bridge Bank 1445 A Laughlin Ave	STATE A Telephone Number	ZIP CODE S funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A

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

Page ___ **of** 8___

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Dolotionobina	- · ·	STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	t Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join		ative Leadership PAC Spo
Connecte Designated Agent: Identi	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 fy by name, address (phone number – optional)	t Fundraising Representa	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or ma	Affiliated Committee Solution Join Affiliated Committee Solution (phone number – optional) CITY A CITY A Dries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

Page ___ **of** 8___

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
		_	
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representa	tive, or Leadership PAC Spons
OPERATION RED S	TRIKE		
			1 1 1 1 1 1 1 1 1 1 1
Mailing Address	421 OFFICE PARK DRIVE		
walling Address			
	MOUNTAIN BROOK		35223
Dolotionali		AL	
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connecte		Joint Fundraising Represe	entative Leadership PAC Spo
Connecte	d Organization Affiliated Committee		entative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		entative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		entative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee X by by name, address (phone number – optional		
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee X by by name, address (phone number – optional		
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee X by by name, address (phone number – optional	STATE	
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	Affiliated Committee Y Y Y Y CITY A Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or markets.	Affiliated Committee Y Y Y Y CITY A Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	Affiliated Committee Y Y Y Y CITY A Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposited Stafety deposit boxes or make the content of Bank,	Affiliated Committee Y Y Y Y CITY A Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or make the safety deposit b	Affiliated Committee Y Y Y Y CITY A Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or make the safety deposit b	Affiliated Committee Y Y Y Y CITY A Ories: List all banks or other depositories in w	STATE A	ZIP CODE A