FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dream Big PAC 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address dreambig@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00769125 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 12 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

= FC F orm :	1 (Revised 03/2022)	Page 2
	OF COMMITTEE:	ray c 2
(a)	late Committee: 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.)	ne candidate
Name Candid		
Candid Party	date Office House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate	
Party (Committee:	
(d)	This committee is a (National, State or subordinate) committee of the Republican	c, , etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a
	Пантинат	
		Organization
	Membership Organization Trade Association Cooper	ative
	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 segregate committee. (i.e., nonconnected committee)	ed 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 P	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	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
Com	mittees Participating in Joint Fundraiser	

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V	rite or Type Committee Name		-
	Dream Big PAC		
6.	Name of Any Connected Or OWENS, BURGESS	ganization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
		,,	
	Mailing Address	PO BOX 49	
		RIVERTON	84065
		CITY ▲ STATE A	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative X Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the per	son in possession of committee
	Kilgore, Par	ıl	
	Full Name		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	30605
		CITY ▲ STATE 4	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706 - 534 - 7780
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committ ssistant treasurer).	ee; and the name and address of
	Full Name Kilgore, Part of Treasurer	ıl, , ,	
	or freasurer	₁ 824 S Milledge Ave Ste 101	
	Mailing Address		
		Athens	30605
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706

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Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	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.		
	Classic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA	30606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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

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1.						
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2				FEC ID	number	C
3.				FEC ID	number	C
4.		1 1 1 1 1 1		 FEC ID	number	C
	Any Connected (GESS OWENS V			Fundraising Rep	resentative	e, or Leadership PAC Spon
Mai	ling Address	824 S Milledge	Ave			
		Athens		I	GA	30605
Rel	ationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ed Agent: Identify	by name, addres	ss (phone number – optio	nal)		
esignat o		by name, addres	ss (phone number – optio	nal)		
Full N		by name, addres	ss (phone number – optio	nal)		
Full N	Jame	by name, addres	ss (phone number – optio	nal)		
Full N	Jame	by name, addres	es (phone number – optio	nal)		
Full N	Jame		city A		STATE A	ZIP CODE A