| Image# 201809179121721151                                   |   |  |                         | 09/1//2018 09 . 01              |
|---|---|--|-------------------------|---------------------------------|
| FEC<br>FORM 1   | STATEMEI<br>ORGANIZ   |  |                         | PAGE 1 / 5 🗕                    |
|   |   |  | Of                      | fice Use Only                   |
| 1. NAME OF<br>COMMITTEE (in full)                           | (Check if name is changed)                                  | Example:If typing, type over the lines.  | 12FE4M5                 |                                 |
| Growing our Ser   | ate Majority  |  |                         |                                 |
|   |   |  |                         |                                 |
| ADDRESS (number and street)                                 | 824 S Milledge Ave Ste 101                                  |  |                         |                                 |
| (Check if address   |   |  |                         |                                 |
| is changed)   | Athens  |  | GA 306                  | 05                              |
|   |   |  | L⊥I L⊥<br>STATE ▲       | ZIP CODE                        |
| COMMITTEE'S E-MAIL ADDRI                                    | ESS   |  |                         |                                 |
| (Check if address is changed)                               | paul@pdscompliance.   | com  |                         |                                 |
|   | Optional Second E-Mail Ad<br> mgoode@pdscompl               | dress<br>iance.com   |                         |                                 |
|   |   |  |                         |                                 |
| COMMITTEE'S WEB PAGE AL<br>(Check if address<br>is changed) | DDRESS (URL)  |  |                         |                                 |
|   |   |  |                         |                                 |
|   | D / Y Y Y Y<br>7 2018                                       |  |                         |                                 |
| 3. FEC IDENTIFICATION N                                     | IUMBER ► C C  | 00687517   |                         |                                 |
| 4. IS THIS STATEMENT  | NEW (N) OR  | AMENDED (A)  |                         |                                 |
|   | this Chatamant and to the best                              | of my knowledge, and balief  | it is true correct and  | complete                        |
| ceruny mari nave examined                                   | this Statement and to the best                              | or my knowledge and beller   | it is true, correct and | complete.                       |
| Type or Print Name of Treasur                               | er Kilgore, Paul, , ,                                       |  |                         |                                 |
| Signature of Treasurer                                      | ore, Paul, , ,  | [Electronically Filed]   | Date 09                 | 17 / Y Y Y Y<br>2018            |
| NOTE: Submission of false, error                            | neous, or incomplete information<br>ANY CHANGE IN INFORMATI | may subject the person signing   |                         | penalties of 2 U.S.C. §437      |
| Office<br>Use<br>Only                                       |   | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                         | FEC FORM 1<br>(Revised 06/2012) |

09/17/2018 09 : 01

|      | FEC Fo                    | orm 1 (Revised 02/2009) Page 2  |            |
|------|---------------------------|---|------------|
| TYF  | PE OF C                   | COMMITTEE   |            |
| Ca   | ndidate                   | te 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 candio information below.)  | date       |
|      | ne of<br>ndidate          |   |            |
|      | ndidate<br>ty Affiliation | tion Office Sought: House Senate President District   |            |
| (c)  |                           | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |            |
|      | ne of<br>Ididate          |   |            |
| Pa   | rty Con                   | mmittee:  |            |
| (d)  |                           | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc  | .) Party.  |
| Pol  | litical A                 | Action Committee (PAC):   |            |
| (e)  |                           | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization   | ation is a |
|      |                           | Corporation Corporation w/o Capital Stock   | zation     |
|      |                           | Membership Organization Trade Association Cooperative   |            |
|      |                           | 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 fund committee. (i.e., nonconnected committee)  | or party   |
|      |                           | In addition, this committee is a Lobbyist/Registrant PAC.   |            |
|      |                           | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |            |
| Joiı | nt Fund                   | draising Representative:  |            |
| (g)  | ×                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politi committees/organizations, at least one of which is an authorized committee of a federal candidate. | cal        |
| (h)  |                           | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.        | cal        |
|      | Com                       | nmittees Participating in Joint Fundraiser  |            |
|      | 1.                        | MCSALLY FOR SENATE INC FEC ID number C C00666040  |            |
|      | 2.                        | CRAMER FOR SENATE   |            |
|      | 3.                        | JOSH HAWLEY FOR SENATE FEC ID number C C00652727  |            |
|      | 4.                        | MORRISEY FOR SENATE INC FEC ID number C C00651075   |            |
|      |                           |   |            |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Growing our Senate Majority

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address   |     |             |  |  |  |  |  |  |  |  |  |
|---|-----|-------------|--|--|--|--|--|--|--|--|--|
|   |     |             |  |  |  |  |  |  |  |  |  |
|   |     |             |  |  |  |  |  |  |  |  |  |
|   | STA | TE ZIP CODE |  |  |  |  |  |  |  |  |  |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor |     |             |  |  |  |  |  |  |  |  |  |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Kilgore, Pa       | aul, , ,                      |
|-------------------|-------------------------------|
| Full Name         |                               |
| Mailing Address   | 824 S Milledge Ave Ste 101    |
|                   | [                             |
|                   | Athens GA 30605               |
| Title or Position | CITY STATE ZIP CODE           |
| Treasurer         | Telephone number 706 534 7780 |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name<br>of Treasurer      | Kilgore, Paul, , ,                  |
|--------------------------------|-------------------------------------|
| Mailing Address                | 824 S Milledge Ave Ste 101          |
|                                |                                     |
|                                | Athens                              |
|                                | CITY STATE ZIP CODE                 |
| Title or Position<br>Treasurer | Telephone number   706   534   7780 |

FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent | Goode, Michael, , ,                    |
|-------------------------------------|--|
| Mailing Address                     | 824 S Milledge Ave Ste 101             |
|                                     |  |
|                                     | Athens                                 |
|                                     | CITY STATE ZIP CODE                    |
| Title or Position                   | Jrer Telephone number 706 - 534 - 7780 |

9. 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.

| Wells                    |                   |                |
|--------------------------|-------------------|----------------|
| Mailing Address          | 420 Montgomery St |                |
|                          |                   |                |
|                          | San Francisco     | CA 94130       |
|                          | CITY              | STATE ZIP CODE |
| Name of Bank, Depository | etc.              |                |
|                          |                   |                |
| Mailing Address          |                   |                |
|                          |                   |                |
|                          |                   |                |
|                          | CITY              | STATE ZIP CODE |

| FEC Form 1S (Revised 02/2017)               | Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9 | Page _5_ of 5                |  |  |  |  |  |  |  |  |  |  |
|---|--|------------------------------|--|--|--|--|--|--|--|--|--|--|
| 5(g) or (h). Joint Fundraising Participant: |  |                              |  |  |  |  |  |  |  |  |  |  |
|   | A  | C C00653147                  |  |  |  |  |  |  |  |  |  |  |
| 2.  | FEC ID number  | С                            |  |  |  |  |  |  |  |  |  |  |
| 3.  | FEC ID number  | С                            |  |  |  |  |  |  |  |  |  |  |
| 4.  | FEC ID number  | C                            |  |  |  |  |  |  |  |  |  |  |
| 6. Name of Any Connected Organization, A    | Affiliated Committee, Joint Fundraising Representativ                  | e, or Leadership PAC Sponsor |  |  |  |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |  |  |  |
| Mailing Address                             |  |                              |  |  |  |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |  |  |  |
| Relationship:                               | [  |                              |  |  |  |  |  |  |  |  |  |  |
| Connected Organization                      | Affiliated Committee Joint Fundraising Represent                       | ative Leadership PAC Sponsor |  |  |  |  |  |  |  |  |  |  |
| 8. Designated Agent: Identify by name, addr | ress (phone number – optional)   |                              |  |  |  |  |  |  |  |  |  |  |
| Full Name                                   |  |                              |  |  |  |  |  |  |  |  |  |  |
| Mailing Address                             |  |                              |  |  |  |  |  |  |  |  |  |  |
|   |  |                              |  |  |  |  |  |  |  |  |  |  |

9. 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.

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CITY

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TITLE OR POSITION V

| Name of Bank,<br>Depository, etc. |   |  |  |  |   |    |     |  |  |  |  |   |    |    |  |   |  |     |     |    |     |   |  |
|-----------------------------------|---|--|--|--|---|----|-----|--|--|--|--|---|----|----|--|---|--|-----|-----|----|-----|---|--|
| Mailing Address                   |   |  |  |  |   |    |     |  |  |  |  |   |    |    |  |   |  |     |     |    |     |   |  |
|                                   | L |  |  |  |   |    |     |  |  |  |  |   |    |    |  |   |  |     |     |    |     |   |  |
|                                   | L |  |  |  |   |    |     |  |  |  |  |   | L  |    |  | L |  |     |     |    | - [ |   |  |
|                                   |   |  |  |  | C | ۲I | ( 🔺 |  |  |  |  | S | TA | E. |  |   |  | ZIP | C C | OD | E 🔺 | • |  |

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Telephone Number

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