Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Leadership 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 leadership@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.AmericanLeadership-pac.com (Check if address is changed) DATE 2022 C00824292 FEC IDENTIFICATION NUMBER > 3. X 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 Kilgore, Paul,, Date 04 24 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

C Form	1 (Revised 03/2022)		Page 2				
TYPE (OF COMMITTEE:						
Candid	date 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 candidate information below.)						
	Name of Candidate						
Candi Party	idate Affiliation	Office Sought: House Senate	State President District				
(c)	. 🗖 🕳						
	Name of Candidate						
Party (arty Committee:						
(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Politic:	al Action Committee (PAC):						
(e)							
	Corporation	Corporation w/o Capital Stock	Labor Organization				
	Membership Organization	Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f)							
[
In addition, this committee is a Lobbyist/Registrant PAC.							
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
(g) X	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 comm	nittee is a Lobbyist/Registrant PAC.					
Joint F	Fundraising Representative	:					
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Com	Committees Participating in Joint Fundraiser						
1.			C				

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٧	Vrite or Type Committee Name				
	American Leade	•			
ò.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address				
		<u> </u>			
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso		
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in μ	cossession of committee		
	Kilgore, Pa	d.			
	Full Name	",,, 			
	Mailing Address	824 S Milledge Ave Ste 101			
		Athens	30605		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼	5 =	211 0052 —		
	Treasurer	Telephone number	534 7780		
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	d the name and address of		
	Full Name Kilgore, Pa	ıl, , ,			
	of Treasurer	₁ 824 S Milledge Ave Ste 101			
	Mailing Address				
		Athens	30605		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	706 			

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Full Name of Designated Goode, Agent	Michael, , ,						
Mailing Address	824 S Milledge Ave Ste 101						
	Athens	GA L	30605				
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
Assistant Treasurer		Telephone number 70	06				
Banks or Other Deposito safety deposit boxes or m	ories: List all banks or other depositories in aintains funds.	which the committee deposits for	unds, holds accounts, rents				
Name of Bank, Depository	Name of Bank, Depository, etc.						
Classi	c City Bank						
Mailing Address	2365 W Broad St						
	Athens	GA L	30606				
	CITY A	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				