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. **BHY Committee** 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00591859 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. Paul Kilgore Type or Print Name of Treasurer Paul Kilgore [Electronically Filed] 12 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

!	FEC Fo ı	rm 1 (Revised 02/2009)	Page 2				
		OF COMMITTEE					
Can	ididate	idate Committee:					
(a)	Ш	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.)					
Nam Cand	e of didate						
	didate / Affiliation	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of lidate						
Par	ty Con	nmittee:	_				
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.	·				
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	gregated fund or party				
		committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)	×	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.	o or more political				
(h)		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.	o or more political				
	Committees Participating in Joint Fundraiser						
	1.	ANDY BARR FOR CONGRESS, INC. FEC ID number C C004	67571				
	2.	HUIZENGA FOR CONGRESS FEC ID number C C004	59297				
	3.	YODER FOR CONGRESS, INC	72365				
	4.						

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Write or Type Committee Nam		
BHY Committe	е	
	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Repres	esentative Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of t	the person in possession of committee
Paul Kilgo	ore	
Full Name	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens	30605
Title or Position	CITY STATE	E ZIP CODE
Treasurer	Telephone number	706 534 7780
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comm assistant treasurer).	nittee; and the name and address of
Full Name Paul Kilgo	re	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA	A 30605
Title on Decition	CITY STATE	E ZIP CODE
Title or Position Treasurer	Telephone number	706 - 534 - 7780

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Full Name of Designated	Michael Goode					
Agent	204.24551 4 2 2 2 2 2					
Mailing Address	824 S Milledge Ave Ste 101					
	Athens CITY STATE ZI	P CODE				
Title or Position Assistant Treast	urer	4 7780				
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.						
	Suntrust Bank					
Mailing Address	PO Box 4418					
	Atlanta GA 30302					
	CITY STATE ZI	IP CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE ZI	IP CODE				