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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Securing the Senate Majority 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 2018 C00687269 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 09 2018 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cai	ndidate	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. (Complinformation below.)	ete the candidate
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Joir	nt 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	JOSH HAWLEY FOR SENATE FEC ID number C C0068	52727
	2.	CRAMER FOR SENATE FEC ID number C C0050)4704
	3.	MCSALLY FOR SENATE INC	66040
	4.	THUNDERBOLT PAC FEC ID number C C0057	4376

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Write or Type Committee Na	ime	
Securing the S	Senate Majority Committee	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
NONE		
	<u> </u>	_
Mailing Address		
	CITY	7/2 CODE
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the	person in possession of committee
Kilgore,	, Paul, , ,	
Full Name		
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer		706 534 7780
s. Treasurer: List the name	and address (phone number optional) of the treasurer of the committe	ee; and the name and address of
any designated agent (e.g.	., assistant treasurer).	
Full Name Kilgore, of Treasurer		
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 534 7780

Full Name of Designated Agent Goode, Michael, , , Mailing Address 824 S Milledge Ave Ste 101	
Designated Goode, Michael, , , Agent 824 S Milledge Ave Ste 101	
Mailing Address 824 S Milledge Ave Ste 101	
Athens CITY STATE ZIP CO	DDE
Title or Position Assistant Treasurer Telephone number 706 - 534	- <u>7780</u>
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	nts, rents
Wells Fargo	
Mailing Address 420 Montgomery St	
San Francisco CA 94104	-
CITY STATE ZIP CO	DDE
Name of Bank, Depository, etc.	
Mailing Address	
CITY STATE ZIP CO	DDE

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraising BADLANDS PA			C C00543207
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	1		
Mailing Address			
Deletienskie			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Job by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identify			ative Leadership PAC Sp
esignated Agent: Identify Full Name			ative Leadership PAC Sp
esignated Agent: Identify Full Name			ative Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A