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| FEC<br>FORM 1         |              |             | TATEMI<br>RGANI        |                       |   | FEUN  | Office I  | Ise Only   |           |
|-----------------------|--------------|-------------|------------------------|-----------------------|---|---|---|--|-----------|
| 1. NAME OF            |              | Dyscal (C   | Chook if name          | Evo                   | male: If hyping hype  | Entrellentellente                                 | Breaders described  |  | -         |
| COMMITTEE (ir         | n full)      |             | Check if name changed) |                       | mple:If typing, type<br>the lines.  | 12FE4N  | 15<br>Armelia en Armelia de la Constantia de la C | ineresi<br>Consessi                              |           |
| Kilgocie              | Ca           | <u> </u>    | ttee                   |                       | 111111  | <del>                                      </del> |   | <u>l l l l l l . l . l . l . l . l . l . l</u>   | بــــا    |
|                       |              | لللل        |                        |                       | <del>                                     </del>  | <del>                                     </del>  | 111   | 4-   |           |
| ADDRESS (number a     | nd street)   | 188         | HOULI                  | y i Cu                | releik Lad  | مراكد المان                                       | 1/19151   | KD   | لب        |
| (Check if address     |              | ســـــــا   |                        |                       |   |   |   |  | لب        |
| is changed)           |              | Chia        | +SIVIDIY               | th                    |   | 6A  | 30.7  | 1051-LI  | لب        |
|                       |              |             |                        | CITY                  |   | STATE   |   | ZIP CODE   |           |
| COMMITTEE'S E-MA      | AIL ADDRES   | S (Please   | provide only on        | e e-mail ad           | dress)  |   |   |  |           |
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| is change             |              |             | <u> </u>               | <u> </u>              | <u> </u>  | <u>.llil.</u>                                     | <u> </u>  |  |           |
| COMMITTEE'S WEE       | PAGE ADD     | NDESS /I IE | ai v                   |                       |   |   |   | ,  |           |
| OOMINITTEES WEE       | TAGE ADE     | 1 , ,       | <b></b>                |                       |   |   |   |  |           |
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| 2. DATE 0             | 4 2          | 1 2         | 0.1.11                 |                       |   | ·   |   |  |           |
| 3. FEC IDENTIFIC      | CATION NU    | IMBER       | C                      | and the second second | Transmission of the configuration of the same   |   |   |  |           |
| 4. IS THIS STATE      | MENT V       | NEW(        | (N) OR                 |                       | AMENDED (A)   |   |   |  |           |
| I certify that I have | examined th  | is Stateme  | nt and to the l        | est of my             | knowledge and belief  | it is true, corr                                  | ect and co  | mplete.  |           |
| Type or Print Name    | of Treasurer | <i>D</i>    | avid .                 | Samso                 | n Kilgore   |   |   |  |           |
| Signature of Treasur  | er           | San         | son R                  | More                  |   | Date C  | 24  | 2 2  |           |
| NOTE: Submission of   |              |             | -                      | -                     | oject the person signing  |   | •   | alties of 2 U.S.C                                | C. §437g. |
| Office<br>Use<br>Only |              |             |                        |                       | For further information<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 |   |   | C FORM<br>evised 02/2009)                        | •         |

| ı            | FEC Fo                | rm 1 (Revised 02/2009) Page 2  |  |  |  |  |
|--------------|-----------------------|--|--|--|--|--|
|              |                       | OMMITTEE   |  |  |  |  |
| Can          | *****                 | Committee:   |  |  |  |  |
| (a)          | M                     | 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.)  |  |  |  |  |
| Nama<br>Cand | e of<br>tidate        | David Sanson Kilgore   |  |  |  |  |
|              | lidete<br>⁄ Affiliati | Office State  Sought: House Senate President  District   |  |  |  |  |
| (c)          |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |
| Name<br>Cand | e of<br>lidate        | David Sansan Killgone  |  |  |  |  |
| Pari         | y Con                 | nmittee:   |  |  |  |  |
| (d)          |                       | This committee is a N.A.T (National, State or subordinate) committee of the I.A.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 connected organization is   |  |  |  |  |
|              |                       | Corporation Corporation w/o Capital Stock Labor Organization   |  |  |  |  |
|              |                       | Membership Organization Trade Association Cooperative  |  |  |  |  |
|              |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |
| <b>(f)</b>   |                       | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |  |  |  |  |
|              |                       | In addition, this cognittee is a Lobbyist/Registrant PAC.  |  |  |  |  |
|              |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |  |  |  |
| Join         | t Fund                | Iraising Representative:   |  |  |  |  |
| (g)          |                       | 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. |  |  |  |  |
| (h)          |                       | 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                   | mittees Participating in Joint Fundraiser  |  |  |  |  |
|              | 1.                    |  |  |  |  |  |
|              | 2.                    | FEC ID number  |  |  |  |  |
|              | 3.                    | FEC ID number  |  |  |  |  |
|              | 4.                    |  |  |  |  |  |

| •   |  |  | ı                                 |
|---|--|--|-----------------------------------|
| FEC Form 1 (Revised   | 02/2009)   |  | Page 3                            |
| Write or Type Committee Nan                                     | ne ,   |  |                                   |
| VIlance   | Cariffee   |  |                                   |
| 1 1987 C  | Organization, Affiliated Committee, Joi                          | nt Fundaniaina Banasantativ                    | n or I coderable DAC Connec       |
| 6. Name of Any Connected  | Organization, Anniated Committee, 301                            | nt rundraising nepresentative                  | e, or Leadership PAC Sponsor      |
|   |  |  |                                   |
|   |  |  |                                   |
|   |  |  |                                   |
| Mailing Address   |  |  |                                   |
|   |  |  |                                   |
|   |  | 11111 1.1                                      | l <b> - </b>                      |
|   | CITY   | STATE  | ZIP CODE                          |
|   | <b>G.</b>  |  |                                   |
| Relationship: Connect   | ed Organization Affiliated Committee                             | Joint Fundraising Represen                     | tative Leadership PAC Sponsor     |
|   |  |  |                                   |
| 7. Custodian of Records: Id                                     | entify by name, address (phone number                            | - optional) and position of the                | person in possession of committee |
| books and records.  | ,                          |  |                                   |
| Λ   | · 1 c V · 1  |  |                                   |
| Full Name DGV   | vid Samson Killy   | PIDIXILI III                                   |                                   |
| Mailing Address   | 1/8/8/ HOI/1/1/ CIN  | eich Gorollis                                  | prigisi Rin                       |
|   |  |  |                                   |
|   | Cha towarth  | , , , , , <b>, ,                          </b> | 3.0.7.051-                        |
|   | CINICI /ISIMOIVI IN I  |  | 30705                             |
| Title or Position   | CITY   | STATE  | ZIP CODE                          |
| c 1 /1  | ( 1)   |  |                                   |
| Chistodilian  | 1 1st Kercionides  | Telephone number                               |                                   |
|   |  |  |                                   |
| 8. <b>Treasurer:</b> List the name a any designated agent (e.g. | and address (phone number optional) o<br>. assistant treasurer). | f the treasurer of the committee               | e; and the name and address of    |
| ,   | 1 4  |  |                                   |
| Full Name of Treasurer  | isid Samson Kil  | 91211e   |                                   |
|   | 1/8/8/ Holly Cit   | eek Corollisy                                  | cas PD                            |
| Mailing Address   | (/ 10 10 1 M 10 1 / 1 1 Y 10 / 1                                 | den Colon Di                                   | al rigist into I I I I            |
|   |  |  |                                   |
|   | Chiaitis Holl this   | 16A  | 30.7.05-                          |
| Tille or Decision   | CITY   | STATE  | ZIP CODE                          |
| Title or Position   |  | Talankan I I                                   | 1_1 1_1                           |
| 1   |  | Telephone number                               | <u></u>                           |

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|--------|-------------------------------------|---|--------------------------------------|
|        | ····                                |   |                                      |
| Đ      | full Name of<br>Designated<br>Agent | Diawid Siamsian Killigiarie   |                                      |
| N      | failing Address                     | 1/818 Holly Greek Cool  | Sprgs KD                             |
|        |                                     |   |                                      |
|        |                                     | Cihiaitisi Moiritihi  | ZIP CODE                             |
| L      | itle or Position Agreen T           | Telephone number  | السا-لسا                             |
| s      |                                     | Depositories: List all banks or other depositories in which the committee decises or maintains funds.  Depository, etc. | aposits funds, holds accounts, rents |
|        |                                     | <u> </u>  |                                      |
| N      | Mailing Address                     |   |                                      |
|        |                                     |   |                                      |
|        |                                     |   |                                      |
|        |                                     | CITY STA  | TE ZIP CODE                          |
| ,<br>, | Name of Bank, [                     | Depository, etc.  |                                      |
|        |                                     |   |                                      |
| ٨      | Mailing Address                     |   |                                      |
|        |                                     |   |                                      |
|        |                                     |   |                                      |
|        |                                     | CITY STA  | TE ZIP CODE                          |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING IT The FEC added this page to the end of this filing to indicate h |                        |
|---|------------------------|
| Hand Delivered  | Date of Receipt        |
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| Received from Electronic Filing Office  | Date of Receipt        |
| Other (Specify):  | ceipt or Postmarked    |
| AU<br>PRÉPARER  | 5/5/4<br>DATE PREPARED |
| (3/2005)  |                        |