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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. First In Freedom PAC 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 firstinfreedom@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00540146 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] 13 2019 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

EFO F	orm 1 (Payicad 02/2000)	Page 2
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
Candida	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. (Cominformation below.)	olete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fun	draising 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na		. 290
First In Freedo		
	d Organization, Affiliated Committee, Joint Fundraising Representative	or Leadership BAC Spansor
-		, or Leadership PAC Sportsor
Richard L. Hudson J	^^ -	
Mailing Address	PO Box 5053	
Mailing Address		
	Concord	28027-1500
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represent	tative x Leadership PAC Sponsor
custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name		
Mailing Address		
Title on Desirion	CITY	710.0005
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of
	Paul, , ,	
of Treasurer	1004 C Milladas Ave Cta 404	
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer		706 - 534 - 7780

	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Goode, Michael, , ,	
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens CITY STATE	ZIP CODE
Title or Position Assistant Treasu		534
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, hold	ds accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
	oxes or maintains funds.	
Name of Bank, D	oxes or maintains funds. Depository, etc.	
	Depository, etc. Wells Fargo	
Name of Bank, D	Depository, etc. Wells Fargo	
Name of Bank, D	Wells Fargo 420 Montgomery St	ZIP CODE
Name of Bank, D	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY STATE	ZIP CODE
Name of Bank, D	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY STATE	ZIP CODE
Name of Bank, D	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank, D	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank, D	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY STATE Depository, etc.	ZIP CODE

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

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h). Joint Fundraisin	Participant:			
1			FEC ID number	C
2.			FEC ID number	С
3.	<u> </u>		FEC ID number	С
4.			FEC ID number	С
	Organization, Affiliated Commi	ttee, Joint Fundr	raising Representati	ve, or Leadership PAC Spor
NC LPAC VICTOR	RY COMMITTEE			
	P.O. BOX 97275			
Mailing Address				
	RALEIGH		NC NC	27624
Relationship:	CITY	\	STATE A	XIP CODE ▲
Connected	Organization Affiliated Com	mittee X Joint	Fundraising Represe	ntative Leadership PAC S
Connected	Organization Affiliated Com	mittee X Joint	Fundraising Represer	ntative Leadership PAC S
	Organization Affiliated Comby name, address (phone numbers)		Fundraising Represen	ntative Leadership PAC S
	_		Fundraising Represent	ntative Leadership PAC S
esignated Agent: Identify	_		Fundraising Represent	ntative Leadership PAC S
esignated Agent: Identify Full Name	_		Fundraising Represent	ntative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone numl	ber – optional)		
esignated Agent: Identify Full Name	by name, address (phone numl	ber – optional)		
esignated Agent: Identify Full Name	by name, address (phone numl	ber – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone numl	ber – optional)		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number of the control of th	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone numl	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number of the property	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material depository, etc. Caden	by name, address (phone number of the property	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number of the property	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc.	by name, address (phone number of the property	per – optional)	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Representativ	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE, STE 101		
	ATHENS	GA L	30605
Relationship:	CITY 🛦	STATE A	ZIP CODE ▲
Full Name	<u> </u>		
	1		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in	Telephone Number	
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in	Telephone Number	

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

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5(g) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	С
2. [FEC ID number	С
3. [FEC ID number	С
4. [FEC ID number	C
	of Any Connected DSON VICTO	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	∕lailing Address	824 S. MILLEDGE AVE		
	ag / taaeee	SUITE 101		
		ATHENS	GA	30605
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		y by name, address (phone number – optional)		
Full	I Name	y by name, address (phone number – optional)		
Full		y by name, address (phone number – optional)		
Full	I Name	y by name, address (phone number – optional)		
Full Ma	I Name	CITY	STATE A	ZIP CODE A
Full Ma	I Name	CITY A	STATE A	ZIP CODE A
9. Banks safety of Deposit	I Name iling Address TLE OR POSITION	CITY A ries: List all banks or other depositories in which	elephone Number	