| Image# 202 | 30214 | 495783 | 04252 |
|------------|-------|--------|-------|
|------------|-------|--------|-------|

FEC

Γ

02/14/2023 15 : 23

PAGE 1 / 5 🗕

## STATEMENT OF ORGANIZATION

|                                   | •···  |  | o                    | ffice Use Only                  |
|-----------------------------------|---|--|----------------------|---------------------------------|
| 1. NAME OF<br>COMMITTEE (in full) | (Check if name is changed)                                    | Example:If typing, type over the lines.  | 12FE4M5              |                                 |
| Servant Leader                    | rship Fund  |  |                      |                                 |
|                                   |   |  |                      |                                 |
|                                   | 824 S Milledge Ave Ste 101                                    |  |                      |                                 |
| ADDRESS (number and street        |   |  |                      |                                 |
| is changed)                       |   |  |                      |                                 |
|                                   | Athens  |  | GA 30                |                                 |
|                                   | CITY 🔺  |  | STATE ▲              | ZIP CODE▲                       |
| COMMITTEE'S E-MAIL ADD            | DRESS   |  |                      |                                 |
| (Check if address is changed)     | servantleadership@pd  | scompliance.com  |                      |                                 |
| is changed)                       | Optional Second E-Mail Add                                    | dress  |                      |                                 |
|                                   | admin@pdscompliar   | ice.com  |                      |                                 |
|                                   |   |  |                      |                                 |
| COMMITTEE'S WEB PAGE              | ADDRESS (UBL)   |  |                      |                                 |
| (Check if address                 |   |  |                      |                                 |
| is changed)                       |   |  |                      |                                 |
|                                   |   |  |                      |                                 |
|                                   |   |  |                      |                                 |
| 2. DATE 01                        | 29 / Y Y Y Y<br>2019  |  |                      |                                 |
| 3. FEC IDENTIFICATION             |   | 00695163   |                      |                                 |
| 4. IS THIS STATEMENT              | NEW (N) OR  | X AMENDED (A)  |                      |                                 |
| I certify that I have examine     | d this Statement and to the best                              | of my knowledge and belief it  | is true, correct and | l complete.                     |
|                                   | Kilgere Devi  |  |                      |                                 |
| Type or Print Name of Treas       | surer Kilgore, Paul, , ,                                      |  |                      |                                 |
| Signature of Treasurer            | ilgore, Paul, , ,   | [Electronically Filed]   | Date 02              | 14 Y Y Y Y<br>2023              |
| NOTE: Submission of false, er     | rroneous, or incomplete information<br>ANY CHANGE IN INFORMAT | may subject the person signing the TION SHOULD BE REPORTED N   |                      | penalties of 52 U.S.C. §30109   |
| Office<br>Use<br>Only             |   | For further information cc<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                      | FEC FORM 1<br>(Revised 06/2012) |

| EC Form 1 (Revised 03/2022)  | Page <b>2</b>         |
|--|-----------------------|
| TYPE OF COMMITTEE:   |                       |
| Candidate 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 th information below.)                     | ne candidate          |
| Name of<br>Candidate   |                       |
| Candidate Office Party Affiliation Sought: House Senate President  | State                 |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District              |
|  |                       |
| Name of<br>Candidate   |                       |
| Party Committee:   (National, State or subordinate) committee of the   (Democration Republican)  | c,<br>, etc.) Party   |
| Political Action Committee (PAC):  |                       |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected                                   | ed organization is a: |
| Corporation Corporation w/o Capital Stock  | Organization          |
| Membership Organization Trade Association Coopera  | ative                 |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                       |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | ed 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.)   |                       |
| (g) 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 P/                                    | AC).                  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                       |
| Joint Fundraising Benresentative:  |                       |

## araising Representative:

2.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) X committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser MICHAEL WALTZ FOR CONGRESS C00666396 С 1. WARRIOR DIPLOMAT PAC C00693671

С

| Γ  | _                            |          |           |         |                 |                     |                    |                 |
|----|------------------------------|----------|-----------|---------|-----------------|---------------------|--------------------|-----------------|
| •  | FEC Form 1 (Revised 02/20    | 09)      |           |         |                 |                     |                    | Page <b>3</b>   |
| ٧  | Write or Type Committee Name |          |           |         |                 |                     |                    |                 |
|    | Servant Leadersh             | nip F    | und       |         |                 |                     |                    |                 |
| 6. | Name of Any Connected Organ  | ization, | Affiliate | d Commi | ittee, Joint Fu | ndraising Represent | ative, or Leadersh | nip PAC Sponsor |
|    |                              |          |           |         |                 |                     |                    |                 |
|    |                              |          |           |         |                 |                     |                    |                 |
|    | Mailing Address              |          |           |         |                 |                     |                    |                 |
|    |                              |          |           |         |                 |                     |                    |                 |
|    |                              |          |           |         |                 |                     |                    |                 |
|    |                              |          |           | CITY    |                 | STA                 | TE 🔺               | ZIP CODE 🔺      |

| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee |
|----|---|

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

books and records.

Connected Organization

Relationship:

| Kilgore, Pa         | aul, , ,                      |
|---------------------|-------------------------------|
| Full Name           |                               |
| Mailing Address     | 824 S Milledge Ave Ste 101    |
|                     |                               |
|                     | Athens                        |
|                     | CITY ▲ STATE ▲ ZIP CODE ▲     |
| Title or Position ▼ |                               |
| Treasurer           | Telephone number 706 534 7780 |

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name           | Kilgore, Paul, , ,  |
|---------------------|---|
| of Treasurer        |   |
| Mailing Address     | 824 S Milledge Ave Ste 101  |
|                     |   |
|                     | Athens GA 30605   Image: Second |
|                     | CITY ▲ STATE ▲ ZIP CODE ▲   |
| Title or Position ▼ |   |
| Treasurer           | Telephone number 706 534 7780   |

| FEC Form 1                          | (Revised 02/2009)            | Page 4   |
|-------------------------------------|------------------------------|----------|
| Full Name of<br>Designated<br>Agent | Goode, Michael, , ,          |          |
| Mailing Address                     | 824 S Milledge Ave Ste 101   |          |
|                                     |                              |          |
|                                     | Athens GA 30605              |          |
|                                     | CITY A STATE A ZIF           | P CODE   |
| Title or Position                   | ▼                            |          |
| Assistant Treasu                    | rer Telephone number 706 534 | 4 - 7780 |

9. 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.

| Classi                    | c City Bank     |         |          |
|---------------------------|-----------------|---------|----------|
| Mailing Address           | 2365 W Broad St |         |          |
|                           |                 |         |          |
|                           | Athens          |         | 06<br>   |
|                           | CITY A          | STATE A | ZIP CODE |
| Name of Bank, Depository, | etc.            |         |          |
| Mailing Address           |                 |         |          |
|                           |                 |         |          |
|                           |                 |         |          |
|                           | CITY A          | STATE A | ZIP CODE |

| FEC Form 1S (Revised 02/2017)            | Optional Supplemental In<br>for Lines 5(g) or (h), 6, 8 |                         | Page <b>of</b>               |
|--|---|-------------------------|------------------------------|
| 5(g) or (h). Joint Fundraising Participa | ant:  |                         |                              |
|  |   | FEC ID number           | С С00075820                  |
|  | <b>}</b>  | FEC ID number           | C C00793083                  |
| 3.                                       |   | FEC ID number           | С                            |
| 4.                                       |   | FEC ID number           | С                            |
| 6. Name of Any Connected Organizati      | ion, Affiliated Committee, Joint Fund                   | raising Representativ   | e, or Leadership PAC Sponsor |
|  |   |                         |                              |
|  |   |                         |                              |
| Mailing Address                          |   |                         |                              |
|  |   |                         |                              |
|  |   |                         |                              |
| Relationship:                            | CITY A  | STATE 🔺                 | ZIP CODE                     |
| Connected Organizatio                    | on Affiliated Committee Join                            | t Fundraising Represent | ative Leadership PAC Sponsor |
| 8. Designated Agent: Identify by name,   | address (phone number - optional)                       |                         |                              |
| Full Name                                |   |                         |                              |
| Mailing Address                          |   |                         |                              |
|  |   |                         |                              |
|  |   |                         |                              |
| TITLE OR POSITION ▼                      | CITY 🔺  | STATE A                 | ZIP CODE                     |
|  |   | elephone Number         |                              |

9. 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,<br>Depository, etc. |   |  |  |  |  |   |     |    |  |  |  |  |   |     |   |  |  |   |     |   |     |     |  |  |
|-----------------------------------|---|--|--|--|--|---|-----|----|--|--|--|--|---|-----|---|--|--|---|-----|---|-----|-----|--|--|
| Mailing Address                   | L |  |  |  |  |   |     |    |  |  |  |  |   |     |   |  |  |   |     |   |     |     |  |  |
|                                   |   |  |  |  |  |   |     |    |  |  |  |  |   |     |   |  |  |   |     |   |     |     |  |  |
|                                   | L |  |  |  |  |   |     |    |  |  |  |  |   |     |   |  |  |   |     |   |     |     |  |  |
|                                   |   |  |  |  |  | С | ITY | ∕▲ |  |  |  |  | S | TAT | Έ |  |  | 2 | ZIP | C | DDE | E 🔺 |  |  |