FEC

Only

STATEMENT OF

PAGE 1/6

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. WESTERMAN FOR CONGRESS PO BOX 21097 ADDRESS (number and street) (Check if address is changed) **HOT SPRINGS** 71903 AR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address westerman@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.brucewesterman.com (Check if address is changed) DATE 2019 C00548180 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Kilgore, Paul,, Date 11 15 2024 Signature of Treasurer Kilgore, Paul, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

| TYPE OF COMMITTEE: Candidate Committee: (a) | | - |
|--|----------|--|
| Candidate Committee: (a) | EC I | Form 1 (Revised 03/2022) Page 2 |
| This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate | . T` | YPE OF COMMITTEE: |
| This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate WESTERMAN, BRUCE, MR., Candidate REP Office Sought: House Senate President District 04 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party Political Action Committee (PAC): (e) This committee is a separate segregated fund. (identify connected organization on line 6.) Its connected organization and in addition, this committee is a Lobbyist/Registrant PAC. (f) 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 committee is a Lobbyist/Registrant PAC. (g) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). In addition, this committee with both contribution and non-contribution accounts (Hybrid PAC). This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). 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. Committees Participating in Joint Fundraiser 1. | C | candidate Committee: |
| Name of Candidate WESTERMAN, BRUCE, , MR, , Candidate Party Affiliation REP Sought: | (a | This committee is a principal campaign committee. (Complete the candidate information below.) |
| Candidate Party Affiliation REP Sought: House Senate President District O4 Candidate Party Affiliation REP Office Sought: House Senate President District O4 Candidate Party Committee: (I) This committee is a Water Senate Republican, etc.) Party Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: Corporation Corporation Corporation Corporation Corporation Corporation Corporation Rembership Organization In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee, ite, nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. (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 PAC). In addition, this committee is a Lobbyist/Registrant PAC. (h) 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. Committees Participating in Joint Fundraiser 1. C | (b | |
| Party Committee: (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a | | TVESTERIVAN, DRUCE, . IVIR |
| Corporation | | Party Affiliation REP Sought: X House Senate President |
| Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: Corporation | (c | |
| Committee is a Committee Committee | | Caradialata |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: Corporation | | (National, State (Democratic, |
| Corporation Corporation Corporation w/o Capital Stock Labor Organization Membership Organization In addition, this committee is a Lobbyist/Registrant PAC. (f) 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 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 PAC). In addition, this committee is a Lobbyist/Registrant PAC. Joint Fundraising Representative: (i) 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. Committees Participating in Joint Fundraiser 1. C | P | olitical Action Committee (PAC): |
| Membership Organization | (e | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a |
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| committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1 | <i>a</i> | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political |
| 1C | (j) | |
| 1C | | Committees Participating in Joint Fundraiser |
| | | |
| → | | C |

Treasurer

| | _ | | | |
|----|--|--|----------------------------|-----------------------|
| 1 | FEC Form 1 (Revised 0) | 2/2009) | | Page 3 |
| ٧ | Vrite or Type Committee Name | · | | |
| | WESTERMAN F | OR CONGRESS | | |
| 6. | Name of Any Connected Or | ganization, Affiliated Committee, Joint Fundraising Ro | epresentative, or Leader | rship PAC Sponsor |
| | WESTERMAN VICTO | ORY FUND | | |
| | | | | |
| | Mailing Address | 824 S Milledge Ave | | |
| | | Ste 101 | | |
| | | Athens | GA 30605 | 1_1 |
| | | OLTV. A | OTATE A | 710 0005 4 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization X Joint Fundrai | sing Representative | Leadership PAC Sponso |
| | | | | |
| 7. | Custodian of Records: Identi books and records. | fy by name, address (phone number optional) and position | on of the person in posses | sion of committee |
| | Kilgore, Par | یا, , , | | |
| | Full Name | | | |
| | Mailing Address | 824 S Milledge Ave Ste 101 | | |
| | | 1 | | |
| | | Athens | GA 30605 | 1 1 |
| | | | | |
| | Title or Position - | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | 706 | 524 |
| | Treasurer | Telephone | number 706 - L | 534 7780 |
| | | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of ssistant treasurer). | the committee; and the r | name and address of |
| | Full Name Kilgore, Par of Treasurer | .l, , , | | |
| | Mailing Address | 824 S Milledge Ave Ste 101 | | |
| | | | | |
| | | Athens | GA 30605 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |

706

Telephone number

534

7780

| FEC Form 1 | (Revised 02/2009) | | Page 4 |
|-------------------------------------|--|------------------------|--------------------------|
| Full Name of Designated Agent | Goode, Michael, , , | 1 1 1 1 1 1 1 | |
| Mailing Address | 824 S Milledge Ave Ste 101 | | |
| | | | |
| | Athens | GA L | 30605 |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Assistant Treasu | rer | one number 706 | 534 7780 |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the caxes or maintains funds. | ommittee deposits fund | s, holds accounts, rents |
| Name of Bank, D | Depository, etc. | | |
| | SIMMONS FIRST NATIONAL BANK | | |
| Mailing Address | 100 WERNER STREET | | |
| | | | |
| | HOT SPRINGS | AR AR | 71913 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, [| Depository, etc. | | |
| | Encore Bank | | |
| Mailing Address | 122224 Chenal Pkwy | | |
| | | | |
| | Little Rock | AR 7 | 72211 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** 6___

| (h). Joint Fundraisi | ng Participant: | | |
|---|--|----------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4 | | FEC ID number | С |
| | | | |
| Name of Any Connected TRANSPORTATION | l Organization, Affiliated Committee, Joint Fu l TRUST FUND | ndraising Representativ | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 502 6TH STREET | | |
| | | | |
| | HUDSON | wi | 54016 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | ed Organization Affiliated Committee X June 19 | oint Fundraising Represent | Leadership PAC Spo |
| | | | ative Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | fy by name, address (phone number – optional) | | Leadership PAC Spo |
| Designated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many series. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi | STATE A Telephone Number | ZIP CODE A |
| Pesignated Agent: Identic Full Name | fy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in white aintains funds. City Bank | STATE A Telephone Number | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

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

| D | of 6 |
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| Page | of ^o |

| rganization, Affiliated Committee | FE | C ID number (C ID | C C C or Leadership PAC Spons |
|-----------------------------------|-----------------------|---|--|
| | FE | C ID number (| C |
| | FE | C ID number (| C |
| | | | |
| ganization, Affiliated Committe | ee, Joint Fundraising | Representative, | or Leadership PAC Spons |
| | | | |
| | | | |
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| | | | |
| CITY A | | STATE A | ZIP CODE A |
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| 4 | | | |
| | | | |
| | | | |
| CITY A | | STATE A | ZIP CODE A |
| _ | | | Organization Affiliated Committee Joint Fundraising Representation |