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| FEC FORM 1 | | • | RGAN | | | | | | | | | | |
|---|----------------------|----------------|-------------------------|-------------|-------------------------------|---|-------------|----------|-------|------------|--------|--------------------|--------|
| | | | | | | | _ | | | ce Use | Only | | |
| NAME OF COMMITTEE (ir | n full) | | Check if names changed) | | mple:If typir r the lines. | ng, type | 121 | E4M | 5 | | | | |
| Foster Hag | en for | U.S. (| Congre | ss, Inc. | | | | | | | | | |
| | | | | | | | | | 1 1 | | | | |
| ADDRESS (number a | nd street) | PO Box 6 | 673 | | | | | | | | | | |
| (Check if a is changed | | | | | | | | | | | | | |
| | -, | Austin CI | | | | | LTX STAT | | 7876 | 6 7 | ZIP C | ODE A | |
| COMMITTEE'S E-MA | AIL ADDRE | SS | | | | | | | | | | | |
| (Check if a is changed | | paul@r | odscompliar | nce.com | | | | | | | 1 1 | | |
| ű | , | Optional | Second E-Ma | ail Address | | | | | | | | | |
| | | | | | | | | | | | | | |
| COMMITTEE'S WEB (Check if a is changed) | address | • | RL) erhagen.com | | | | | | | | | | |
| 2. DATE 0 | | | 2018 | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION N | UMBER ▶ | | C0066253 | 36 | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEW | (N) O | R × | AMEN | DED (A) | | | | | | | |
| certify that I have e | examined t | nis Stateme | nt and to the | best of my | knowledge a | and belief it | is true | , correc | t and | compl | ete. | | |
| Type or Print Name | of Treasure | Kilgore, | Paul, , , | | | | | | | | | | |
| Signature of Treasure | er <i>Kilgo</i> — | ore, Paul, , , | | | [Electronical | lly Filed] | Date | 0 | 2 / | 05 | ′ | 201 | 8 |
| NOTE: Submission of | false, erron | | omplete inform | | | | | | | oenaltie | s of 2 | U.S.C. | §437g. |
| Office Use | | | | | | information c tion Commiss 0-424-9530 | | | | | FOF | RM 1 /2012) | |

Local 202-694-1100

| | 550 5 | 4 (Duris al 00/0000) | Danie 0 |
|-------------|-----------------------|--|--|
| | | rm 1 (Revised 02/2009) | Page 2 |
| | | OMMITTEE • 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. (Con information below.) | nplete the candidate |
| Nam Cand | e of didate | Hagen, Foster, , , | |
| | didate / Affiliati | on REP Office Sought: X House Senate President | State TX District 21 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | (National, State or subordinate) committee of the | (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 co | nnected organization is a: |
| | | Corporation Corporation w/o 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 s committee. (i.e., nonconnected committee) | egregated 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.) | |
| Join | t Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Com | mittees 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 Name | 9 | |
| Foster Hagen fo | or U.S. Congress, Inc. | |
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or L | eadership PAC Sponsor. |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number optional) and position of the person | n in possession of committee |
| Kilgore, Pa | aul, , , | |
| Full Name | ,824 S Milledge Ave Ste 101 | |
| Mailing Address | | |
| | Ab.,, | 30605 |
| | Athens | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 706 | 534 7780 |
| Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and assistant treasurer). | the name and address of |
| Full Name Kilgore, Pa | aul, , , | |
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | | |
| | | 7ID CODE |
| Title or Position Treasurer | CITY STATE 706 Telephone number | ZIP CODE |

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|---|---|--------------------------|
| | | |
| Full Name of Designated Agent Good | de, Michael, , , | |
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | | |
| | Athens GA 30 | 0605 |
| Title or Position Assistant Treasurer | Telephone number 706 | _ 534 7780 |
| Banks or Other Dane | sitories: List all hanks or other denositories in which the committee denosite funda- | s, holds accounts rente |
| safety deposit boxes or Name of Bank, Deposit | ells Fargo | s, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | s, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. ells Fargo 420 Montgomery St | s, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. itory 420 Montgomery St | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. sitory, etc. Pills Fargo 420 Montgomery St San Francisco CITY STATE | 4130 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. sitory, etc. Pills Fargo 420 Montgomery St San Francisco CITY STATE | 4130 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address | r maintains funds. sitory, etc. Pills Fargo 420 Montgomery St San Francisco CITY STATE | 4130 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address Name of Bank, Deposit | r maintains funds. sitory, etc. Pills Fargo 420 Montgomery St San Francisco CITY STATE | 4130 |
| safety deposit boxes or Name of Bank, Deposit We Mailing Address Name of Bank, Deposit | r maintains funds. sitory, etc. Pills Fargo 420 Montgomery St San Francisco CITY STATE | 4130 |