PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AMERICANS FOR SPRING TRAINING 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 PAUL@PDSCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address MGOODE@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00572347 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. Paul Kilgore Type or Print Name of Treasurer Paul Kilgore [Electronically Filed] 05 26 2015 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 Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

		4 (Paying 02/2000)	Dog 2
		om 1 (Revised 02/2009) OMMITTEE	Page 2
		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		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (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 con-	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 scommittee. (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)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.	
	Com	mittees Participating in Joint Fundraiser	
	1.	HUIZENGA FOR CONGRESS)459297
	2.	VOICE FOR FREEDOM FEC ID number C COO	1409805
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
AMERICANS F	OR SPRING TRAINING	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person	in possession of committee
Paul Kilgor	e	, , , , , ,
Full Name	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens , GA , 30	0605
	Truitons On St	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 706	_ 534 _ 7780
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and testing satisfactors.	the name and address of
Full Name Paul Kilgore of Treasurer	e 	
Mailing Address	824 S Milledge Ave Ste 101	
		7/IP CODE
Title or Position Treasurer	CITY STATE 706 Telephone number	ZIP CODE

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Full Name of Designated	Michael Goode		
Agent			
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	30605
	CITY	STATE	ZIP CODE
Title or Position Assistant Treas	urer 	elephone number	06 - 534 - 7780
		the committee deposits i	
safety deposit b Name of Bank,	oxes or maintains funds.	LITE COMMITTEE DEPOSITS I	
safety deposit b	Depository, etc. Suntrust Bank	The committee deposits i	
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank	GA	30302
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank PO Box 4418 Atlanta	GA A	30302
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank PO Box 4418		
safety deposit b Name of Bank,	Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY	GA A	30302
safety deposit b Name of Bank, Mailing Address	Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY	GA A	30302
safety deposit b Name of Bank, Mailing Address	Depository, etc. Suntrust Bank	GA A	30302
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust Bank	GA A	30302
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Suntrust Bank	GA A	30302