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## STATEMENT OF

FORM 1		ORGANIZATION			RECEIVED		
					20	produce pay AM In: 55	
1. NAME OF COMMITTEE (in	n full)		(Check if name is changed)	Example: If typing, type over the lines.	e 12FE4M5	FEC MAIL CENTER	
RYAN GRA	VES	JFC					
1							
2470 DANIELLS BRIDGE RD STE 121 ADDRESS (number and street)							
(Check if a		1					
is changed	<b>d</b> )	, ATHE	NS		GA3	0606	
			CITY A		STATE ▲	ZIP CODE ▲	
COMMITTEE'S E-MA	AIL ADDRES	SS					
(Check if a			.@PDSCOMPLIA	NCE.COM		,	
is changed		ســــــــــــــــــــــــــــــــــــــ					
		Optiona MGC	al Second E-Mail Ad OODE@PDSCO	dress MPLIANCE,COM _			
COMMITTEE'S WEB	PAGE ADD	RESS (	URL)				
(Check if a	address	·				1	
is changed	d)	<u> </u>		<u> </u>			
PM-V	'M'' / ያው ''	י א י ס					
2. DATE 0			2013				
3. FEC IDENTIFIC	CATION NU	IMBER	<b>?</b> ~1 `				
4. IS THIS STATEM	MENT 🔀	NE	W (N) OR	AMENDED (A	A)		
I certify that I have e	examined th	is Staten	nent and to the best	of my knowledge and bel	lief it is true, correct a	nd complete.	
- 5		P	aul Kilgor	حر			
Type or Print Name	of freasurer		. 0 . 0				
Signature of Treasure	er	+	Sul Kil	de	Date 08	1.6 ao13	
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		ANT CH	ANGE IN INFORMATI	For further informat		FFO FORM	
Use Only				Federal Election Con Toll Free 800-424-95 Local 202-694-1100	nmission	FEC FORM 1 (Revised 06/2012)	

	F	EC Fo	m 1 (Revised 02/2009)	Page 2
5.	TYPE	OF C	DMMITTEE	
	Cen	didate	Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	2)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
	Name Cand			
	Cand Party	idate Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Con	mittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		- Inter	Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registraot 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.)	
	Joint	Fund	raising Representative:	
	(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.	
	(h)		committees/arganizations, at least one of which is an authorized committee of a fadoral candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
	•	L	committees/organizations, none of which is an authorized committee of a federal candidate.	
		Com	mittees Participating in Joint Fundraiser	
		1.	RYAN FOR CONGRESS, INC. FEC ID number C CO	0330894
		2.	GRAVES FOR CONGRESS                         FEC ID number C   CO	0462556
		3.		
		J.		
		4.		

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FEC Form 1 (Revision Write or Type Committee N	
RYAN GRAV	ES JFC
. Name of Any Conflect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
SASSONAR	SHANCES MATERIAL STATE OF THE S
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in possession of committees
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books and records.  Full Name  Mailing Address	
books and records.  Full Name  Mailing Address  Title or Position	CITY STATE ZIP CODE  Telephone number — Optional) of the treasurer of the committee; and the name and address of
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (effective page)	CITY STATE ZIP CODE  Telephone number — Optional) of the treasurer of the committee; and the name and address of
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (e  Full Name  of Treasurer  PAUL	CITY STATE ZIP CODE  and address (phone number optional) of the treasurer of the committee; and the name and address of g., assistant treasurer).  A KILGORE
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (effective page)	CITY STATE ZIP CODE  and address (phone number optional) of the treasurer of the committee; and the name and address of .g., assistant treasurer).
Full Name  Mailing Address  Title or Position  Treasurer: List the name any designated agent (e  Full Name PAUL of Treasurer	CITY STATE ZIP CODE  Telephone number — Optional) of the treasurer of the committee; and the name and address of .g., assistant treasurer).  A KILGORE  [2470 DANIELLS BRIDGE RD STE 121
Full Name Mailing Address  Title or Position  Treasurer: List the name any designated agent (e  Full Name of Treasurer	CITY STATE ZIP CODE  and address (phone number optional) of the treasurer of the committee; and the name and address of g., assistant treasurer).  A KILGORE

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

MICHAEL GOODE

Full Name of

Mailing Address

Designated Agent

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PKEPAKEK	DATE PREPARED

(8/2013)