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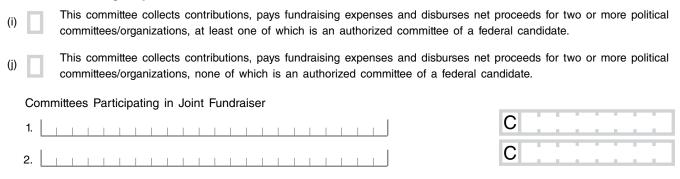
PAGE 1 / 4 🗕

## STATEMENT OF ORGANIZATION

FORM 1					
				(	Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Loudermilk	for Cor	ngress			
ADDRESS (number a		PO Box 447			
(Check if a is changed					
		Cassville CITY ▲		GA STATE ▲	123 
COMMITTEE'S E-MA		3			
(Check if a is changed		barry@barryloudermilk	a.com		
Ū.		Optional Second E-Mail Add	dress pliance.com		1
COMMITTEE'S WEB	address	RESS (URL)	om 		
2. DATE 12	M / D D 2 14	2018			
3. FEC IDENTIFIC	CATION NUM	IBER ► C co	00543892		
4. IS THIS STATEN	IENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined this	Statement and to the best	of my knowledge and belief it is	s true, correct an	d complete.
Type or Print Name of	of Treasurer	Martin, Caric, , ,			
Signature of Treasure	er Martin, o	Caric, , ,	[Electronically Filed]	Date 09	/ D D / Y Y Y Y 20 2022
NOTE: Submission of			may subject the person signing th FION SHOULD BE REPORTED V		e penalties of 52 U.S.C. §30109
Office Use Only			For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC 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 the information below.)	he candidate
Name of Candidate Loudermilk, Barry, , ,	
Candidate Office	State GA
Party Affiliation REP Sought: K House Senate President	District 11
(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 (Democrati	ic, n, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	rative
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 F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



	FEC Form 1 (Revised	02/200	9)																									Pa	age	3		
W	Vrite or Type Committee Name	Э																														
	Loudermilk for	Co	ng	re	SS	5																										
	Name of Any Connected C	Organi	zatior	n, At	ffilia	ated	I C	om	mit	tee	, Jo	oin	t F	un	dra	isir	ng	Rep	ore	ser	ntat	ive	, 0	· Le	ead	ers	hip	PAG	c s	por	ISOI	r
	Strong America Fun	d																														
			[																													
	Mailing Address	824	S Mill	edg	e Av	ve, S	Ste	101																								
		Athe	ens																	6	SA 			3	060	5 			- [			
								СІТ	Y	•										STA								cc		•		

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

Kilgore, Pa	ul, , ,
Full Name	
Mailing Address	824 S Milledge Ave
	Ste 101
	Athens
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number

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	Martin, Caric, , ,							
of Treasurer								
Mailing Address	PO Box 447							
	Cassville         GA         30123-0447							
	CITY ▲ STATE ▲ ZIP CODE ▲							
Title or Position ▼								
Treasurer	Treasurer							

FEC Form 1 (Revised 0	02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone 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, Depository, etc.

	Wells Fargo		
Mailing Address	499 E Main St		
	Cartersville	GA 30121	
		STATE A	ZIP CODE
Name of Bank, [	pepository, etc. , Cadence Bank		
Mailing Address	2234 W Broad St		
	Athens	GA 30606	
		STATE A	ZIP CODE