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**FEC** 

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kinzinger for Congress PO Box 2365 ADDRESS (number and street) (Check if address is changed) Ottawa 61350 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kinzinger@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.electadam.com (Check if address is changed) DATE 2021 C00458877 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. Kilgore, Paul, , Mr., Type or Print Name of Treasurer Kilgore, Paul, , Mr., [Electronically Filed] 2021 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

			- 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		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. (Cor information below.)	nplete the candidate
Nam Cand	e of didate	Kinzinger, Adam, , ,	
	didate / Affiliati	on REP Office Sought: <b>X</b> House Senate President	State IL District 16
(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 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.		

FEC <b>Form 1</b> (Revis	sed 02/2009)	   Page <b>3</b>
Write or Type Committee N		<u></u>
Kinzinger for	Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
ADAM KINZINGER	2 - FUTURE 1ST COMMITTEE	
Mailing Address	PO BOX 2381	
Mulling Address	OTTAWA IL  CITY STATE	61350 ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represer	
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
Kilgor	e, Paul, , Mr.,	
Full Name	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706
. <b>Treasurer</b> : List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committe .g., assistant treasurer).	ee; and the name and address of
Full Name Kilgore of Treasurer	e, Paul, , Mr.,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA CITY STATE	30605
Title or Position Treasurer		706   -   534   -   7780

Full Name of Designated Agent	Goode, Michael, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
Title or Position Assistant Treasu		P CODE 4 7780
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	ccounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, E	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo	Depository, etc.	
safety deposit bo Name of Bank, D	Depository, etc.  First State Bank	
safety deposit bo Name of Bank, [	Depository, etc.  First State Bank	3 1
safety deposit bo Name of Bank, [	Depository, etc.  First State Bank  1212 La Salle Street  Ottawa  IL 61350-2023	B CODE
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  First State Bank  1212 La Salle Street  Ottawa  CITY  STATE  ZII	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  First State Bank  1212 La Salle Street  Ottawa  CITY  STATE  ZII	
safety deposit bo Name of Bank, E Mailing Address  Name of Bank, E	Depository, etc.  First State Bank  1212 La Salle Street  Ottawa  CITY  STATE  ZII  Depository, etc.	
safety deposit bo Name of Bank, E Mailing Address  Name of Bank, E	Depository, etc.  First State Bank  1212 La Salle Street  Ottawa  CITY  STATE  ZII  Depository, etc.	
safety deposit bo Name of Bank, D	Depository, etc.  First State Bank  1212 La Salle Street  Ottawa  CITY  STATE  ZII  Depository, etc.	

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	610 S. Boulevard		
	Tampa	FL I	33606
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	fy by name, address (phone number – optional	1	
esignated Agent: Identi	fy by name, address (phone number – optional		
	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  CITY A  pries: List all banks or other depositories in wh	STATE   Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or marks are of Bank, depository, etc.	CITY A  CITY A  pries: List all banks or other depositories in wh	STATE   Telephone Number	