PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Patriots Fund 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 americanpatriotsfund@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00731737 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, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 12 19 2019 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	e 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. (Compinformation below.)	lete the candidate
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, depublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	nt Fund	Iraising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	DON BACON FOR CONGRESS FEC ID number C C005	75167
	2.	BRIAN FITZPATRICK FOR CONGRESS FEC ID number C C0066	07416
	3.	TOM REED FOR CONGRESS FEC ID number C C0040	64032
	4.	PETE STAUBER FOR CONGRESS FEC ID number C C0065	60697

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I		
American Pa	triots Fund	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
Kilgoi Full Name	re, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
-		
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
. Treasurer: List the namany designated agent (e	e and address (phone number optional) of the treasurer of the comming., assistant treasurer).	ittee; and the name and address of
Full Name Kilgor of Treasurer	e, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	
Treasurer	Telephone number	706 534 7780

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Goode, Michael, , ,	_
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	. 1-1
	CITY STATE ZIF	P CODE
Title or Position Assistant Treasu	urer Telephone number 706 534	4 7780
. Banks or Other safety deposit bo Name of Bank, [Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	ccounts, rents
	Cadence Bank	
Mailing Address	2234 W Broad St	
	Athens GA 30606	
	CITY STATE ZII	P CODE
Name of Bank, [Depository, etc.	
Mailing Address		
	CITY STATE ZII	P CODE

FEC Form 1S (Revised 02/2017)

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

Page _____ **of** _____

h). Joint Fundraisin UPTON FOR A	LL OF US	FEC ID numbe	C C00200584
	ERS POLITICAL ACTION COMMITTEE (NO LABELS PROBLEM		
2. SOLVERS PAC)		FEC ID numbe	r C C00629709
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representat	tive, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number – optio		Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optio		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optio	nal)	
esignated Agent: Identify Full Name	by name, address (phone number – option	nal) STATE Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – option	nal) STATE Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – option	nal) STATE Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – option	nal) STATE Telephone Number	ZIP CODE A