FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Doug Burgum for America, Inc. 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address burgum@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.dougburgum.com (Check if address is changed) DATE 2023 C00842302 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Kilgore, Paul,, 11 01 2023 Signature of Treasurer Kilgore, Paul, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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	TYPE OF COMMITTEE:				
	Candidate Committee:				
	(a) X 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 cainformation below.)	ındidate			
	Name of Candidate Burgum, Doug, , ,				
	Candidate Party Affiliation REP Office Sought: House Senate President	State District			
	(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 or subordinate) committee of the Republican, etc	.) Party			
	Political Action Committee (PAC):				
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:			
	Corporation Corporation w/o Capital Stock Labor Organ	nization			
	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 segregated fur committee. (i.e., nonconnected committee)	nd 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 PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	Joint Fundraising Representative:				
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or monotonic committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political			
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser				
	1				

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٧	Vrite or Type Committee Name	· Annania - Ina			
	Doug Burgum fo	CAMETICA, INC. ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadershin PAC Snonsor		
, .	NONE	ganization, Anniated Committee, John Fundraising Representative, or	Leadership FAC Sponsor		
	NONE				
	Mailing Address				
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative			
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	ıl.			
	Full Name	",,, 			
	Mailing Address	824 S Milledge Ave Ste 101			
		Athens	30605		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼	SIAIL =	ZII CODE =		
	Treasurer	Telephone number	534 7780		
3.		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 Kilgore, Pa	л,,,	1		
	of Treasurer	004 C Millades Ave Cts 404			
	Mailing Address	824 S Milledge Ave Ste 101			
		Athens	30605		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	706	5 - 534 - 7780		

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Full Name of Designated Agent	McCready, Jennnifer, , ,					
Mailing Address	824 S Milledge Ave Ste 101					
	Athens	GA 3	0605 			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
Assistant Treasu	rer	hone number 706	534 7780			
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the exes or maintains funds.	committee deposits funds	, holds accounts, rents			
Name of Bank, [Depository, etc.					
	Chainbridge Bank					
Mailing Address	1445-A Laughlin Avenue					
	McLean	VA 22	2101			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
	BankSouth					
Mailing Address	6340 Lake Oconee Parkway					
	Greensboro	GA 30	0642			
	CITY ▲	STATE ▲	ZIP CODE ▲			