FEC

Only

STATEMENT OF

PAGE 1/9

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HUDSON FOR CONGRESS PO BOX 1875 ADDRESS (number and street) (Check if address is changed) Southern Pines NC 28388 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address hudson@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.RichardHudsonForCongress.com (Check if address is changed) DATE 2023 C00504522 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,, Date 05 22 2024 Signature of Treasurer Kilgore, Paul, , , 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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FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate informa	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of Candidate HUDSON, RICHARD, L., , Jr.	
Candidate Party Affiliation REP Office Sought: House Senate	State NC President District 09
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on li	ine 6.) Its connected 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 committee. (i.e., nonconnected committee)	separate segregated 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 a	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 committees/organizations, at least one of which is an authorized committee of a fed	•
This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal care	•
Committees Participating in Joint Fundraiser	
	C

Treasurer

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	FEC Form 1 (Revi	·	Page 3
W	/rite or Type Committee I		
		OR CONGRESS	
6.		ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	HUDSON FREE	DOM FUND	
	Mailing Address	228 S WASHINGTON ST STE 115	
		ALEXANDRIA , VA ,	1 22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Conn	nected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	books and records.	cite the person in the person	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 5 5 5 5 5 5 5	002_
	Treasurer	Telephone number	534 - 7780
8.		me and address (phone number optional) of the treasurer of the committee; a (e.g., assistant treasurer).	nd the name and address of
	Full Name Kilgo of Treasurer	ore, Paul, , ,	1 1 1 1 1 1
	Mailing Address	824 S Milledge Ave, Ste 101	
		Athens	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

706

Telephone number

534

7780

FEC Form	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
	Telephone n	umber	
	Depositories: List all banks or other depositories in which the commixes or maintains funds.	ittee deposits	funds, holds accounts, rents
Name of Bank, [Depository, etc.		
	Bank of America		
Mailing Address	368 George W Liles Parkway NW		
	Concord	NC	28027
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Wells Fargo Bank		
Mailing Address	7901 Wisconsin Ave		
	Bethesda	MD	20814
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	ng Farticipant.		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Spons
HUDSON VICTORY	FUND		
Mailing Address	824 S. MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
Connecte		Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Period of Banks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which raintains funds. C City Bank	STATE A	ZIP CODE A

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

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Page	of ⁹

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
NCFL	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	824 S MILLEDGE AVE STE 101		
Relationship:	ATHENS CITY A	GA STATE ▲	30605 ZIP CODE ▲
	Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. PO Box 338	STATE A Telephone Number th the committee deposit	ZIP CODE S funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	roising Ponrocentativ	o ar Loodorphin DAC Spans
Americans for BBQ 2		iaisiig nepieseilaliv	e, or Leadership FAC Spons
Mailing Address	824 S Milledge Ave Ste 101		
Relationship:	Athens CITY	GA STATE ▲	30605 ZIP CODE ▲
	Affiliated Committee X Joint by name, address (phone number – optional)	t Fundraising Represent	tative Leadership PAC Spo
		t Fundraising Represent	Leadership PAC Spo
resignated Agent: Identify		t Fundraising Represent	Leadership PAC Spo
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esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Represent	ZIP CODE A
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Full Name	ries: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposi	ZIP CODE A ts funds, holds accounts, rents

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

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h). Joint Fundraisi	ig i di dolpanti		
1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	С
		·	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
2A DEFENSE FUND			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	• .		
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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
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Mailing Address	PO BOX 97275		
	RALEIGH	NC NC	27624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
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esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
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