Image# 15951443496			0	5/27/2015 11 : 51
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 4
			Office Use	Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5]
1				1
ADDRESS (number and street)	824 S Milledge Ave Ste 101			
(Check if address	1			1
is changed)	Athens		GA 30605	
			L L_⊥_⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	PAUL@PDSCOMPLIA	NCE.COM		
is changed)				
	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)			
2. DATE 05 / 27	D / Y Y Y Y 2015			
3. FEC IDENTIFICATION NU	JMBER ► C C	00499202		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief in	t is true, correct and compl	ete.
Type or Print Name of Treasure	r PAUL KILGORE			
Signature of Treasurer	. KILGORE	[Electronically Filed]	Date 05 / 27	2015
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		es of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion FEC	FORM 1 sed 06/2012)

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TYPE OF C	COMMITTEE
Candidat	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. (Complete the candidate information below.)
Name of Candidate	L
Candidate Party Affiliat	ion Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 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 separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
^(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	RIBBLE FOR CONGRESS
2.	TITLETOWN PAC
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

RIBBLE RESPONSIBLE GOVERNMENT COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N					
	Mailing Address				
	Relationship: Connected	CITY	STATE Joint Fundraising Representative	ZIP CODE eadership PAC Sponsor	
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number op	tional) and position of the person in po	ossession of committee	
	Full Name				
	Mailing Address	<u> </u>			
	Title or Position	CITY	STATE	ZIP CODE	
			Telephone number		
8.	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 PAUL KILC	GORE			
	Mailing Address	824 S Milledge Ave Ste 101			
		Athens CITY	GA 30605 STATE		
	Title or Position				

Full Name of Designated I Agent		-
Agent		_
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	
	CITY STATE ZIP CODE	
Title or Position	ASURER 706 534 7780 Telephone number 706 1 1	

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.

SUNTI			
Mailing Address	PO BOX 4418		
		GA 30302	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	