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05/22/2024 15 : 38

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FEC FORM 1		STATEMEN ORGANIZA			PAGE 1 / 8
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
First In Freed					
ADDRESS (number ar	nd street)	824 S Milledge Ave, Ste 101			
(Check if a is changed					
	·)	Athens CITY ▲		GA 30 STATE ▲	605 − [] ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRES	S			
(Check if a is changed			ce.com		
-		Optional Second E-Mail Addr admin@pdscompliance.com	ess		
COMMITTEE'S WEB	address	RESS (URL)			
2. DATE 05	M / D 22	2024			
3. FEC IDENTIFIC	CATION NU	MBER ► C coo	0540146		
4. IS THIS STATEN	IENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best o	of my knowledge and belief it i	is true, correct an	d complete.
Type or Print Name of	of Treasurer	Kilgore, Paul, , ,			
Signature of Treasure	er Kilgore	ə, Paul, , ,		Date 05	/ D D / Y Y Y Y 22 2024
NOTE: Submission of	false, errone		nay subject the person signing th ON SHOULD BE REPORTED V		e penalties of 52 U.S.C. §30109
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form	1 (Revised 03/2022)	Page <b>2</b>
5. TYPE C	DF COMMITTEE:	
Candic	date 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 information below.)	e candidate
Name Candie		
Candie Party	date Office Affiliation Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(0)		
	ne of didate	
(d)	Committee: This committee is a (National, State (Democratic or subordinate) committee of the Republican	c, , etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Coopera	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) 🗙	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	$\mathbf{X}$ 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 Pa	AC).

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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (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
 2.

FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Nan	ne	
First In Freedor	m PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
		<u> </u>
Mailing Address	824 S MILLEDGE AVE, STE 101	
	ATHENS GA 30605	
	CITY A STATE A	ZIP CODE 🔺
Relationship: Connecte	ed Organization Affiliated Organization X Joint Fundraising Representative	eadership PAC Sponso.

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         GA         30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	

8. **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, Paul, , ,
of Treasurer	
Mailing Address	824 S Milledge Ave, Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number     706     534     7780

FEC	Form	1	(Revised	02/2009)	
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Full Name of Designated Agent	Goode, Michael, , ,
Mailing Address	824 S Milledge Ave, Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	rer 

## 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.

W	/ells Fargo		
Mailing Address	420 Montgomery St		
	San Francisco	CA 94104	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depc	ository, etc.		
C	adence		
Mailing Address	2234 W Broad St		
	Athens	GA 30606	
	CITY 🔺	STATE 🔺	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

		g Participant:				
1.				FEC ID numbe	r C	
2.				FEC ID numbe	r C	
3.				FEC ID numbe	r C	
4.				FEC ID numbe	r C	
Name	of Any Connected	Organization Affil	ated Committee, Joint Fu	ndraising Representat	ive or Leade	arshin PAC Sponsor
	DSON VICTORY	-				
I	Mailing Address	824 S. MILLEDG	E AVE			
		SUITE 101				
		ATHENS		GA	30605	5
F	Relationship:			STATE		
	Connected	d Organization	Affiliated Committee	oint Fundraising Represe	entative	Leadership PAC Spons
Desigr	nated Agent: Identify	v by name, address	(phone number - optional)			
-		v by name, address	(phone number – optional)			
Fu	II Name	/ by name, address	(phone number – optional)			
Fu		/ by name, address	(phone number - optional)			
Fu	II Name	<pre>v by name, address v by nam</pre>	(phone number - optional)			
Fu	II Name		(phone number – optional)			
Fu	II Name					
Fu	II Name					
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1 1

STATE 🔺

1

ZIP CODE

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:		STATE 🔺	ZIP CODE
	Connected	d Organization	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
8.	Full Name	v by name, address (phone number – optional)		
8.		v by name, address (phone number – optional)		
8.	Full Name	<pre>v by name, address (phone number - optional) </pre>		
8.	Full Name			
8.	Full Name			<pre></pre>
8.	Full Name			· · · · · · · · · · · · · · · · · · ·
	Full Name	CITY ▲ Tele	phone Number	
8.	Full Name Mailing Address TITLE OR POSITION	CITY ▲ Tele	e committee deposit	s funds, holds accounts, rents
	Full Name  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor Safety deposit boxes or ma Name of Bank,		e committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

1.			FEC I	D number	С		
2.			FEC I	D number	С		
3.			FEC I	D number	С		
4.			FEC I	D number	С		
ame of Any Connected	Drganization, Affiliated C	ommittee, Joint Fun	draising Re	presentative	e, or Lead	lership F	PAC Spor
HUDSON, RICHAR	D L. JR., , ,						
Mailing Address	PO BOX 5053						
	1						
	CONCORD		1		2802	27	1_1
				L STATE ▲			
Relationship:	(						
	Organization Affiliate		int Fundraisin		ative X	Leaders	hip PAC S
Connected	Organization Affiliate	d Committee	int Fundraisin		ative X	Leaders	
Connected esignated Agent: Identify	Organization Affiliate	d Committee	int Fundraisin		ative ×		
Connected esignated Agent: Identify Full Name	Organization Affiliate	d Committee	int Fundraisin		ative ×		
Connected esignated Agent: Identify Full Name	Organization Affiliate	d Committee	int Fundraisin		ative ×		
Connected	Organization Affiliated	d Committee	int Fundraisin		Antive ×	Leaders	hip PAC S
Connected Connected Esignated Agent: Identify Full Name	Organization Affiliated	d Committee Jo	int Fundraisin	g Representa			hip PAC S

FEC Form 1S (Revised 02/2017)

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

5(g) or (	h). Joint Fundraising	J Participant:			
	1.			FEC ID number	С
	2.			FEC ID number	С
	3.			FEC ID number	С
_	4.			FEC ID number	C
6. N	ame of Any Connected (	Organization, Affiliated	Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
			_		
	Mailing Address	PO BOX 97275			
				NC	27624
	Relationship:			STATE 🔺	ZIP CODE
8. D	esignated Agent: Identify			Fundraising Representa	ative Leadership PAC Sponsor
	Mailing Address				
	TITLE OR POSITION	▼ (		STATE 🔺	ZIP CODE
			Te	lephone Number	[[
sa	afety deposit boxes or mai ame of Bank,	ies: List all banks or oth		lephone Number	s funds, holds accounts, rents
sa	afety deposit boxes or mai ame of Bank, epository, etc.	ies: List all banks or oth		lephone Number	
sa	afety deposit boxes or mai ame of Bank,	ies: List all banks or oth		lephone Number	
sa	afety deposit boxes or mai ame of Bank, epository, etc.	ies: List all banks or oth		lephone Number	
sa	afety deposit boxes or mai ame of Bank, epository, etc.	ies: List all banks or oth         ntains funds.		lephone Number	