FEC

Only

STATEMENT OF

PAGE 1/7

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **BURGESS 4 UTAH** 824 S Milledge Ave ADDRESS (number and street) Ste 101 (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address burgess@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00725853 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 10 04 2023 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

EC Form 1 (Revised 03/2022)	Page 2
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. (Comple information below.)	ete the candidate
Name of Candidate OWENS, BURGESS, , ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State UT District 04
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 04
Name of Candidate	
Party Committee:	
(d) This committee is a	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
Membership Organization Trade Association Co	poperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated 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 accounts (Hyb	rid 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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1 C	

Treasurer

	_		
		Revised 02/2009)	Page 3
V	/rite or Type Committ		
	BURGESS		
6.	_	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	BURGESSO	WENS VICTORY COMMITTEE	
	Mailing Address	824 S MILLEDGE AVE STE 101	
		ATHENS GA 3060	05
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Reco books and records.	rds: Identify by name, address (phone number optional) and position of the person in posse	ession of committee
	ŀ	Kilgore, Paul, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens GA 3060	y5 -
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OIT - OIAIL -	211 0002 =
	Treasurer	Telephone number 706	534 - 7780
8.		name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	name and address of
	Full Name Full N	Kilgore, Paul, , ,	
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens GA 3060	05
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5	

706

Telephone number

534

7780

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	Goode, Michael, , , 824 S Milledge Ave Ste 101 Athens	GA	30605
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		number 7	706 - 534 - 7780
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	Classic City Bank 2365 West Broad St Athens CITY	GA STATE A	30606
Name of Bank, D			
	Wells Fargo Bank		
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD	20814
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page	of ⁷	
raue	OI.	

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Jama of Any Connector	l Organization, Affiliated Committee, Joint Fund	reising Depresentative	o at Londorchin DAC Spans
TRANSPORTATION		ilaising nepresentative	e, or Leadership FAC Spons
Mailing Address	502 6TH STREET		
	HUDSON	wi wi	54016
		STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	it Fundraising Representa	Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join for by name, address (phone number – optional) CITY	at Fundraising Representa	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Cries: List all banks or other depositories in which aintains funds.	STATE Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

	- 7	,
Page	of '	

(h). Joint Fundrais	ng Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
lame of Any Connecte	d Organization, Affiliated C	Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address				
Relationship:		CITY A	STATE A	ZIP CODE A
·				
	fy by name, address (phone		nt Fundraising Represent	ative Leadership PAC Sp
			nt Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident			nt Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone		STATE A	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone	e number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Anks or Other Depositatety deposit boxes or research.	fy by name, address (phone) Ci Ories: List all banks or other	e number – optional) TY er depositories in which	STATE A	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit afety deposit boxes or related to the position of Bank, pepository, etc.	fy by name, address (phone) Cories: List all banks or other naintains funds.	e number – optional) TY er depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page	of ⁷	
raue	OI .	

(h). Joint Fundrais	3		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
		OIAIL A	ZII OODL A
esignated Agent: Ident	ed Organization Affiliated Committee Jeify by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Anks or Other Depositatety deposit boxes or research.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit afety deposit boxes or related to the position of Bank, are pository, etc.	cify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in white naintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A