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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Insuring Our Future 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00583583 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Paul Kilgore Type or Print Name of Treasurer Paul Kilgore [Electronically Filed] 80 18 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|------------------------|--|---|
| | | OMMITTEE | |
| | nalaale | Committee: This committee is a principal committee (Complete the condidate information below) | |
| (a) | H | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | <u>Ц</u> | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | lete the candidate |
| | ne of didate | | |
| | didate y Affiliatio | Office on Sought: House Senate President | State |
| rare | y / timication | Trouse Gonate Tresident | District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | nected 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) | П | This committee supports/opposes more than one Federal candidate, and is NOT a separate sec | gregated fund or party |
| () | ш | committee. (i.e., nonconnected committee) | , . 5 |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | X | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | BLAINE FOR CONGRESS | 58679 |
| | 2. | ROTHFUS FOR CONGRESS FEC ID number C C004 | 97115 |
| | 3. | FRIENDS OF DENNIS ROSS FEC ID number C C004 | 59461 |
| | 4. | WESTMORELAND FOR CONGRESS FEC ID number C C0038 | 37126 |

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|---|--|---------------------------|--|--|
| Write or Type Committee I | | | | |
| Insuring Our | Future | | | |
| . Name of Any Connect | ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le | eadership PAC Sponsor | | |
| NONE | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | CITY STATE | ZIP CODE | | |
| | : Identify by name, address (phone number optional) and position of the person | in possession of committe | | |
| books and records. | | | | |
| Paul Full Name | Kilgore | <u> </u> | | |
| Mailing Address | 824 S Milledge Ave Ste 101 | | | |
| • | | | | |
| | Athens GA 30 | 0605 | | |
| Title or Position | CITY STATE | ZIP CODE | | |
| Treasurer | | 534 - 7780 | | |
| | | | | |
| | ne and address (phone number optional) of the treasurer of the committee; and to e.g., assistant treasurer). | the name and address of | | |
| any designated agent (e | | the name and address of | | |
| any designated agent (e | e.g., assistant treasurer). | the name and address of | | |
| any designated agent (e Full Name Paul I of Treasurer | e.g., assistant treasurer). Kilgore | the name and address of | | |
| any designated agent (e Full Name Paul I of Treasurer | e.g., assistant treasurer). Kilgore 824 S Milledge Ave Ste 101 | the name and address of | | |
| any designated agent (e Full Name Paul I of Treasurer | e.g., assistant treasurer). Kilgore 824 S Milledge Ave Ste 101 | | | |

| FFC Forn | 1 1 (Revised 02/2009) | | Page 4 |
|---|---|------------------|----------------------------------|
| rec For n | I I (VENISER 0.7.15009) | | raye 4 |
| Full Name of Designated | Michael Goode | | |
| Agent | 824 S Milledge Ave Ste 101 | | |
| Mailing Address | | | |
| | | | |
| | Athens | GA L | 30605 |
| | CITY | STATE | ZIP CODE |
| Title or Position Assistant Treas | urer Telephone | e number | 706 - 534 - 7780 |
| Banks or Other safety deposit bo Name of Bank, I | Depositories: List all banks or other depositories in which the convex or maintains funds. Depository, etc. | mmittee deposits | Turius, riolus accounts, rents |
| safety deposit bo | ixes or maintains funds. | mmittee deposits | Turius, fiolus accounts, ferits |
| safety deposit bo | oxes or maintains funds. Depository, etc. | mmittee deposits | Tulius, fiolius accounts, ferits |
| safety deposit bo Name of Bank, [| Depository, etc. Suntrust Bank | mmittee deposits | Tunus, noius accounts, rents |
| safety deposit bo Name of Bank, [| Depository, etc. Suntrust Bank | mmittee deposits | 30302 |
| safety deposit bo Name of Bank, [| Depository, etc. Suntrust Bank PO Box 4418 | | |
| safety deposit bo Name of Bank, [| Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY | GA | 30302 |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY | GA STATE | 30302 ZIP CODE |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY Depository, etc. | GA STATE | 30302 ZIP CODE |
| Safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY Depository, etc. | GA STATE | 30302 ZIP CODE |
| Safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Suntrust Bank PO Box 4418 Atlanta CITY Depository, etc. | GA STATE | 30302 ZIP CODE |