FEC FORM 1

Only

STATEMENT OF ORGANIZATION

2012 OCT 15 PM 12: 36
FEC MAIL CENTER

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Centennial Fund 2470 Daniell's Br Rd ADDRESS (number and street) Ste. 121 (Check if address 30606 is changed) **Athens** GA CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) paul@pdscompliance.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ትቻ **ፍ** የተፈ 1 1 10 May 10 11 10 09 2012 DATE FEC IDENTIFICATION NUMBER 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 D & D Paul Kilgore an Signature of Treasurer Date 09 2012 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 02/2009) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE						
Cendidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate President	State District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Party Committee:						
	mocratic, publican, etc.) Party.					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:					
Corporation Corporation w/o Capital Stock	abor Organization					
Membership Organization	ooperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrection committee. (i.e., nonconnected committee)	gated fund or party					
In addition, this committee is a Lobbyisi/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political					
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	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						
COFFMAN FOR CONGRESS 2012	180					
JOE COORS FOR CONGRESS COMMITTEE						
2. FEC ID number C C00507	/31					
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 3.	B20					
4.						

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	Write or Type Committee Name						
_(Centennial Fund						
6.	Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership P	AC Sponsor				
N	ONE		<u> </u>				
1							
	Mailing Address						
			-				
	·	CITY STATE ZIP	CODE				
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leaders	hip PAC Sponsor				
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in possess	ion of committee				
	Full Name						
	Mailing Address						
			<u> </u>				
	Title or Position	CITY STATE ZIP	CODE				
	<u> </u>	Telephone number	J-L				
В.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	nd address of				
	Full Name Paul Kilgor of Treasurer	e 					
	Mailing Address	2470 Daniells Br Rd					
		Ste. 121					
		Athens CITY STATE ZIP	J-L				
ı.	Title or Position Treasurer	Telephone number 706 - 534	7780 - 7780				

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Full Name of Designated Agent					
Mailing Address		1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1		
- 3					
	1		[-] [
	CITY	STATE	ZIP CODE		
Title or Position					
	T	elephone number]		
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.					
Suntr	rust Bank				
Mailing Address	PO Box 4418				
		<u> </u>			
	Atlanta	GA (3	0302		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository, etc.					
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L_L_L			 		
Mailing Address					
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	CITY	STATE	ZIP CODE		

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10/15/16 DATE PREPARED