PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Women Leadership Committee 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 09 2018 C00684837 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 80 2018 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 | |
| | ididate | Committee: This committee is a principal compaign committee (Complete the condidate information below) | |
| (a) | H | 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. (Compinformation below.) | plete the candidate |
| Nam Cand | e of didate | | |
| | didate / Affiliation | Office Sought: House Senate President | State |
| rarty | Aiman | Sought. House Senate Freshenk | District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Com | nmittee: | |
| (d) | | | Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi | 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) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated 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.) | |
| Join | t Fund | raising Representative: | |
| (g) | × | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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. | MCSALLY FOR SENATE INC | 666040 |
| | 2. | WALTERS FOR CONGRESS FEC ID number C C005 | 46853 |
| | 3. | MAKING INVESTMENTS MAJORITY INSURED PAC FEC ID number C C005 | 64658 |
| | 4. | THUNDERBOLT PAC FEC ID number C C005 | 74376 |

| FEC Form 1 (Revis | sed 02/2009) | Page 3 |
|--|--|----------------------------|
| Write or Type Committee N | | - 3 |
| Women Lead | ership Committee | |
| | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le | eadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| J | | |
| | | |
| | CITY STATE | ZIP CODE |
| | ected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: books and records. | Identify by name, address (phone number optional) and position of the person | in possession of committee |
| Kilgore | e, Paul, , , | |
| | 824 S Milledge Ave Ste 101 | , , , , , , , , , , , |
| Mailing Address | | |
| | Athens GA 30 | 0605 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 706 | _ 534 _ 7780 |
| Treasurer: List the name any designated agent (e.g.) | e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer). | the name and address of |
| Full Name Kilgore of Treasurer | e, Paul, , , | |
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | | |
| | Athens GA 30 | 0605 |
| Title or Position Treasurer | CITY STATE | ZIP CODE |
| | Telephone number | - |

| | (Revised 02/2009) | Page 4 |
|---|---|--------------------|
| | | |
| Full Name of Designated G Agent | oode, Michael, , , | |
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | | |
| | Athens GA 30605 CITY STATE | ZIP CODE |
| Title or Position Assistant Treasurer | Telephone number 706 | 534 - 7780 |
| safety deposit boxes Name of Bank, Dep | | ds accounts, rents |
| | 1420 Montgomery St | |
| Mailing Address | | |
| Mailing Address | | |
| Mailing Address | San Francisco CA 94130 | |
| Mailing Address | | ZIP CODE |
| Mailing Address Name of Bank, Dep | San Francisco CITY STATE | ZIP CODE |
| | San Francisco CITY STATE | ZIP CODE |
| | San Francisco CITY STATE ository, etc. | |
| Name of Bank, Dep | San Francisco CITY STATE ository, etc. | |
| Name of Bank, Dep | San Francisco CITY STATE ository, etc. | |