PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ADVANCING CONSERVATIVE ENTERPRISES PAC P.O. Box 905 ADDRESS (number and street) (Check if address is changed) Newton 07860 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAUL@PDSCOMPLIANCE.COM (Check if address X is changed) Optional Second E-Mail Address MEGAN@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2017 C00386110 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, , Mr., Type or Print Name of Treasurer Kilgore, Paul, , Mr., [Electronically Filed] 05 2017 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:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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		OMMITTEE	Page 2
		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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	nmittee:	Domoovatio
(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 connected organization on line 6.)	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (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 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		3
	CONSERVATIVE ENTERPRISES	PAC
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
SUPPORTING CON	ISERVATIVES OF TODAY AND TOMORROW (S	SCOTT PAC)
Mailing Address	PO BOX 905	
	NEWTON NJ	07860
	CITY STAT	TE ZIP CODE
Relationship: Connec	cted Organization 🗶 Affiliated Committee 🔲 Joint Fundraising Repre	sentative Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of t	the person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	E ZIP CODE
	Telephone number	
8. Treasurer : List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	nittee; and the name and address of
Full Name Kilgore,	Paul, , Mr.,	
Mailing Address	824 S. MILLEDGE AVE. STE. 101	
-		
	Athens	
Title or Position	CITY STATE	ZIP CODE
Treasurer	1	706 534 7780

706 |-|

Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
AUTHORITICAL DUADS	UI 11/000 (0013 120013	
Name of Bank, Depo	/ells Fargo301 S. College StSuite 4000	288
Name of Bank, Depo	/ells Fargo301 S. College StSuite 4000	288
Name of Bank, Depo	/ells Fargo 301 S. College St. Suite 4000 Charlotte CITY STATE	
Name of Bank, Depo	/ells Fargo 301 S. College St. Suite 4000 Charlotte CITY STATE	
Name of Bank, Depo	/ells Fargo 301 S. College St. Suite 4000 Charlotte CITY STATE Disitory, etc.	
Name of Bank, Depo	/ells Fargo 301 S. College St. Suite 4000 Charlotte CITY STATE Disitory, etc.	
Name of Bank, Depo	/ells Fargo 301 S. College St. Suite 4000 Charlotte CITY STATE Disitory, etc.	