Only

STATEMENT OF

PAGE 1 / 6

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. American Grit PAC 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Americangrit@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2022 C00756551 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] 06 20 2022 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the can	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal cainformation below.)	ampaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	State President District
(c) This committee supports/opposes only one candidate, and is NOT an	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected org	panization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	al 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, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
x In addition, this committee is a Leadership PAC. (Identify sp	onsor 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	a-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee committee.	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee committee.	·
Committees Participating in Joint Fundraiser	
1.	C
	C

	FEC Form 1 (Revised 02	2/2009)	l Page 3
٧	Write or Type Committee Name		-
	American Grit F	PAC	
6.	Name of Any Connected Or KAT VICTORY COM	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE	
		SUITE 101	
		ATHENS GA 306	05
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the person in poss	ession of committee
	Kilgore, Pau	l, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	05
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	- 534 - 7780
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
	Full Name Kilgore, Pau	l, , ,	
	of Treasurer	COA C Millesters Ave Cts 404	
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens GA 306	05
	Title on De-ities —	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	- 534 - 7780

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Harrison, Matt, , ,		
Mailing Address	6408 NW 124th St		
	Gainesville	FL	32653
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		number	352 - 514 - 6333
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Classic City Bank		
Mailing Address	2365 W. Broad Street		
	Athens	GA L	30606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445 A Laughlin Ave		
	McLean	L VA	22101
	CITY ▲	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** ____

h). Joint Fundraisi	ng raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
CAMMACK, KAT	,,, 		
Mailing Address	6408 NW 124TH ST		
	GAINESVILLE		32653
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of the	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

. 1	g Participant:			
1.		FEC II	O number	С
2.		FEC II	O number	C
3.	<u> </u>	FEC II	O number	C
4.		FEC II	O number	C
=	Organization, Affiliated Committee, Join	t Fundraising Re	presentative	, or Leadership PAC Spon
Mailing Address	C/O RED CURVE SOLUTIONS			
	138 CONANT ST, 2ND FL			
	BEVERLY		MA	01915
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Full Name				
Full Name				
	CITY A		STATE A	ZIP CODE A
Mailing Address	CITY A	Telephone N		ZIP CODE A
Mailing Address TITLE OR POSITION Canks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories in		lumber	
Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailane of Bank, Depository, etc.	ries: List all banks or other depositories in		lumber	