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FEC FORM 1		STATEME ORGANIZ		
				Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
1				
ADDRESS (number a	nd street)	824 S Milledge Ave Ste 101		
(Check if a	address	1		
is changed	1)	Athens		GA 30605
COMMITTEE'S E-MA		SS		
		_valorpac@pdscomplia	ance.com	
is changed	d)			
		Optional Second E-Mail A	ddress	1
COMMITTEE'S WEB	address	DRESS (URL)		
2. DATE 03		D / Y Y Y Y 2015		
3. FEC IDENTIFIC	CATION NU		C00583153	
4. IS THIS STATEM	IENT	NEW (N) OR	× AMENDED (A)	
I certify that I have e	examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name	of Treasurer	Goode, Michael, , ,		
Signature of Treasure	er <i>Goode</i>	, Michael, , ,	[Electronically Filed]	Date 01 / 25 / 2019
NOTE: Submission of			n may subject the person signing t TON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

-	
FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information b	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	e.
Name of Candidate Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It	ts connected 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) This committee supports/opposes more than one Federal candidate, and is NOT a separation committee. (i.e., nonconnected committee)	ate segregated fund or par
In addition, this committee is a Lobbyist/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 committees/organizations, at least one of which is an authorized committee of a federal candi	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3 FEC ID number C	
4	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Valor PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Brian Mast			
Mailing Address	PO Box 3016		
	Stuart	FL	34995
	CITY	STATE	ZIP CODE
	ed Organization	Joint Fundraising Represe	
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number o	ptional) and position of the	person in possession of committee
Goode, M	lichael, , ,		
Full Name	131 Madeira Ave		
Mailing Address			
		FL FL	33134

Title or Position	СІТҮ	STATE	
	CIT		
		Telephone number	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Goode, Michael, , ,
Mailing Address	131 Madeira Ave
	Coral Gables FL 33134 - -
	CITY STATE ZIP CODE
Title or Position	Image:

FEC Form 1 (Revised 02/2009)

																					_
Full Name of Designated	Kilgore, Pau	ul, , ,																			1
Agent																					
Mailing Address		824 S Milled	lge Ave S	Ste 10	1																
		Athens										GA		3	060	5					
				CIT	Ϋ́						S	TAT	Ξ			Z	ZIP	COE	DE		
Title or Position	urer						Те	leph	one	nu	mb	er		 _] –]		[

9. 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.

Wells			
Mailing Address	420 Montgomery St		
	San Francisco	CA 94104 –	
	CITY	STATE ZIP COL	DE
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY	STATE ZIP COI	DE

FEC	Form	1S	(Revised	02/2017)
			(11001000	02/2011/

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number
2.	FEC ID number C
3.	FEC ID number
4	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mast Victory Committee

Mailing Address	824 S Milledge Ave Ste	101					
	Athens			GA 3060)5		
Relationship:		CITY A		STATE A	ZIP CODE		
Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor							

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																																
Mailing Address	L																															
	L																															
																													 - [_			
TITLE OR POSITION	TITLE OR POSITION V														STATE ▲ ZIP CODE ▲																	
															Te	lep	hor	ne	Nur	nbe	ər	L				- L		 - L				

9. 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.																																
Mailing Address	L																															
	L																															
	CITY 🔺														STATE A							ZIP CODE										