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STATEMENT OF **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. Smucker for Congress 824 S Milledge Ave ADDRESS (number and street) STE 101 (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lloydsmucker@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 02 2020 C00599464 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. Langmuir, J. Gary, , , Type or Print Name of Treasurer Langmuir, J. Gary, , , [Electronically Filed] 07 2020 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

FE	C For	rm 1 (Revised 02/2009)	Page 2
TYPE (OF C	ОММІТТЕЕ	
Candi	idate	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. (Cominformation below.)	plete the candidate
Name o		Smucker, Lloyd, K., ,	
Candida		Office Sought: X House Senate President	State
Party A	affiliatio	on REP Sought: X House Senate President	District 11
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	mittee:	
(d)		· · · ·	(Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	egregated 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.)	
Joint F	und	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.	vo 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
(Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
:	2.	FEC ID number	
;	3.	FEC ID number	
4	4.		

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Write or Type Committee Name		i aye 🗸
Smucker for Co		
		in and advantage DAO Conservation
-	Organization, Affiliated Committee, Joint Fundraising Representati	live, or Leadership PAC Sponsor
Smucker Victory Com	nittee 	
Mailing Address	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens	
	CITY STATE	E ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee X Joint Fundraising Represe	entative Leadership PAC Sponso
books and records.	ntify by name, address (phone number optional) and position of the	ne person in possession of committee
Kilgore, P. Full Name	au,,, 	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Title of Fosition	SIAIL	ZIF CODE
Assistant Treasurer	Telephone number	706 - 534 - 7780
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commit- assistant treasurer).	ttee; and the name and address of
Full Name Langmuir,	J. Gary, , ,	
of Treasurer	(2444 Junction Road	
Mailing Address	2444 Junction Road	
	Manheim PA	17545
Title or Position	CITY STATE	ZIP CODE
Treasurer		706 534 - 7780
1		

	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Kilgore, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
	CITY STATE :	ZIP CODE
Title or Position Assistant Treasu	turer Telephone number 706 – 5	534 - 7780
		accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo	Depository, etc. Wells Fargo Bank ,7901 Wisconsin Avenue	accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Wells Fargo Bank ,7901 Wisconsin Avenue	accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Wells Fargo Bank ,7901 Wisconsin Avenue	accounts, rents
safety deposit bo Name of Bank, D	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda MD 20814	zip CODE
safety deposit bo Name of Bank, D	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. Bank of America 888 17th Street NW	
safety deposit bo Name of Bank, D Mailing Address	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. Bank of America 888 17th Street NW	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. Bank of America 888 17th Street NW	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc. Bank of America 888 17th Street NW	

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

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5(a)	or(h). Joint Fundraising	n Participant		
o(g)	1.	,	FEC ID number	C
			FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		red ib fidilibei	0
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representativ	ve, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represen	tative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Capitol	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds. One	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Capitol	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Capitol Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds. One	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Capitol Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the ntains funds. One	ephone Number	

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

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or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected Problem Solvers F	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
1 Toblem Solvers I			
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Spons
Full Name	by name, address (phone number – optional)		1 1 1 1 1 1 1 1 1 1
Mailing Address			
	1		
TITI E OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	•		ZIP CODE A
Banks or Other Depositor safety deposit boxes or ma	Te	STATE lephone Number	
Banks or Other Depositor safety deposit boxes or man Name of Bank, Caden	ries: List all banks or other depositories in which intains funds.	STATE lephone Number	
Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE lephone Number	
Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE lephone Number	

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

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h). Joint Fundraisi	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fundra		
	<u> </u>		
Mailing Address	1130 CONNECTICUT AVE NW SUITE 325		
	WASHINGTON	DC DC	20036
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te pries: 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 mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A