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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. **HUDSON FOR CONGRESS** PO BOX 5053 ADDRESS (number and street) (Check if address is changed) CONCORD 28027 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hudson@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.RichardHudsonForCongress.com (Check if address is changed) DATE 2019 C00504522 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] 09 10 2021 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 Form 1 (Revised 02/2009)		Page 2
TYPE OF COMMITTEE		
Candidate Committee:		
(a) This committee is a p	principal campaign committee. (Complete the candidate information below.)
information below.)	authorized committee, and is NOT a principal campaign committee. (Com	nplete the candidate
Name of Candidate HUDSON, I	RICHARD, L., , Jr.	
Candidate	Office	State
Party Affiliation	Sought: House Senate President	District 08
(c) This committee support	orts/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (I	PAC):	
(e) This committee is a s	separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership	Organization Trade Association	Cooperative
In add	ition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee support committee. (i.e., noncommittee.)	orts/opposes more than one Federal candidate, and is NOT a separate se	egregated fund or party
In addition, this	s committee is a Lobbyist/Registrant PAC.	
In addition, this	s committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Represent	ative:	
(0)	s contributions, pays fundraising expenses and disburses net proceeds for twons, at least one of which is an authorized committee of a federal candidate.	•
	s contributions, pays fundraising expenses and disburses net proceeds for twons, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating	in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

FEC Form 1 (Revised 02/2	009)	Page 3
Write or Type Committee Name		
HUDSON FOR C	ONGRESS	
6. Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Mailing Address	8 S WASHINGTON ST STE 115	314 ZIP CODE
Relationship: Connected Or	ganization Affiliated Committee Joint Fundraising Representative by name, address (phone number optional) and position of the person	Leadership PAC Sponsor
books and records.	by fiame, address (phone humber optional) and position of the person	in possession of committee
Mailing Address	4 S Milledge Ave, Ste 101	0605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 706	
Treasurer: List the name and ac any designated agent (e.g., assis	dress (phone number optional) of the treasurer of the committee; and t tant treasurer).	the name and address of
Full Name Kilgore, Paul, , of Treasurer		
L _I A	hens GA 30	605
L	CITY STATE	ZIP CODE
Treasurer	Telephone number 706	- 534 - 7780

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or	esitories: List all banks or other depositories in which the committee deposits funds, her maintains funds.	
safety deposit boxes of Name of Bank, Deposi	r maintains funds.	
Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 368 George W Liles Parkway NW	
Name of Bank, Deposi	r maintains funds. sitory, etc. nk of America 368 George W Liles Parkway NW Concord NC 2802	27
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	r maintains funds. sitory, etc. nk of America 368 George W Liles Parkway NW Concord NC 2802	27
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	r maintains funds. itory, etc. nk of America 368 George W Liles Parkway NW Concord CITY STATE itory, etc.	ZIP CODE

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	or Leadershin PAC Snon
HUDSON VICTO	_		,, o. 2000 p 110 0 po
Mailing Address	824 S. MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee Join J	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee Join	STATE A	ZIP CODE A

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

Page ___ **of** ____

(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make afety deposit boxes or make and a sepository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
AMERICANS FO	PR BBQ 2022		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	Affiliated Committee Joint Joi	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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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 Ories: List all banks or other depositories in which	STATE A Telephone Number	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 Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON STREET		
J	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A