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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. Granite State Solutions 373 S Willow St #420 ADDRESS (number and street) (Check if address is changed) Manchester 03103 NH CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS granitestate@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 2018 C00580381 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] 12 13 2018 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

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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	nmittees 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 Name		i ago <b>o</b>
Granite State So	plutions	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
. Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
Kilgore, Pau	l,,,	1
	824 S Milledge Ave Ste 101	
Mailing Address		
	Athens GA 30605	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer	Telephone number 706 - 5	534 - 7780
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nan sistant treasurer).	ne and address of
Full Name Kilgore, Pau	l, , ,	ı
of Treasurer	824 S Milledge Ave Ste 101	
Mailing Address	<u>, -,</u>	
\ -	Athono	
	Athens GA 30605 CITY STATE Z	IP CODE
Title or Position Treasurer		43 - 7780

FEC Forn	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Goode, Michael, , ,	
Agent		
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
	CITY STATE ZIP	CODE
Title or Position Assistant Treasu	urer	7780
		counts, rents
safety deposit bo Name of Bank, [	oxes or maintains funds.	counts, rents
safety deposit bo	Depository, etc.  Suntrust Bank	counts, rents
safety deposit bo Name of Bank, [	Depository, etc.  Suntrust Bank	counts, rents
safety deposit bo Name of Bank, [	Depository, etc.  Suntrust Bank  PO Box 4418  Atlanta  GA 30305	ccounts, rents
safety deposit bo Name of Bank, [	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta CITY STATE ZIF	
safety deposit bo Name of Bank, [	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta CITY STATE ZIF	
Safety deposit bo Name of Bank, D Mailing Address	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta CITY STATE ZIF	
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Safety deposit bo Name of Bank, D Mailing Address	Depository, etc.  Suntrust Bank PO Box 4418 Atlanta CITY STATE ZIF	