Only

## STATEMENT OF

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**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. SMITH VICTORY 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SMITHVICTORY@PDSCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00573436 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 12 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

Local 202-694-1100

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		OMMITTEE				
Can	didate	date Committee:				
(a)	Ш	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. (Complete the candidate information below.)				
Name Candi						
Candi Party	idate Affiliatio	Office on Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name Candi						
Part	y Con	nmittee:				
(d)			Democratic, Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	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 segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Fund	raising Representative:				
(g)	x	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			
	Committees Participating in Joint Fundraiser					
	1.	JASON SMITH FOR CONGRESS	41862			
	2.	MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC	63726			
	3.	NRCC FEC ID number C C000	75820			
	4.					

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Write or Type Committee Name		-			
SMITH VICTOR	Υ				
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor			
NONE					
Mailing Address					
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor.			
<ul> <li>Custodian of Records: Ident books and records.</li> </ul>	ify by name, address (phone number optional) and position of the person in p	ossession of committee			
KILGORE,	PAUL, , ,				
Mailing Address	824 S Milledge Ave Ste 101				
Mailing Address	<u> </u>				
	Athens GA 30605				
Title or Position	CITY STATE	ZIP CODE			
TREASURER		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 issistant treasurer).	name and address of			
Full Name KILGORE, F	PAUL,,,				
Mailing Address	824 S Milledge Ave Ste 101				
	Athens GA 30605				
Title or Position TREASURER	CITY STATE  706 -	ZIP CODE  534  -  7780  -			

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Full Name of Designated Agent GOODE, N	/IICHAEL, , ,						
Mailing Address	824 S Milledge Ave Ste 101						
	ATHENS	GA 30605 STATE	ZIP CODE				
Title or Position ASSISTANT TREASURER		mber	534   -   7780				
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 FARGO							
Mailing Address	420 MONTGOMERY ST						
	SAN FRANCISCO	CA 94104					
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Mailing Address							
Mailing Address							
Mailing Address							