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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. First In Freedom PAC 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 firstinfreedom@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 C00540146 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] 03 2022 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 F	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE e Committee:	. 494 -
(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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee: (National, State	(Democratic
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
Con	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 Nam		i age 🗸
First In Freedo		
	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
TEAM HUDŞON		
Mailing Address	824 S MILLEDGE AVE, STE 101	
-	ATHENS GA CITY STATE	30605 ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative	re Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the personal	son in possession of committee
Kilgore, P	Paul, , ,	
Full Name Mailing Address	824 S Milledge Ave	
Maining Address	Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
s. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
Full Name Kilgore, P	aul, , ,	
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	5 - 534 - 7780

Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave, Ste 101		
			20005
	Athens CITY	GA STATE	30605 ZIP CODE
Title or Position Assistant Treas	surer Telephone num	nber 7	706 - 534 - 7780
Banks or Other safety deposit be	r Depositories: List all banks or other depositories in which the committed oxes or maintains funds.	ee deposits f	funds, holds accounts, rents
Name of Bank,			
Name of Bank,			
	Depository, etc. Wells Fargo ,420 Montgomery St		
Name of Bank, Mailing Address	Depository, etc. Wells Fargo ,420 Montgomery St		
	Depository, etc. Wells Fargo ,420 Montgomery St	CA	94104
	Depository, etc. Wells Fargo 420 Montgomery St	CA STATE	94104 ZIP CODE
	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY		
Mailing Address	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY Depository, etc.		
Mailing Address	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY Depository, etc. Cadence 2234 W Broad St		
Mailing Address Name of Bank,	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY Depository, etc. Cadence 2234 W Broad St	STATE	ZIP CODE
Mailing Address Name of Bank,	Depository, etc. Wells Fargo 420 Montgomery St San Francisco CITY Depository, etc. Cadence 2234 W Broad St		

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

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h). Joint Fundraisi n	g Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	824 S. MILLEDGE AVE		1 1 1 1 1 1 1 1 1 1
	SUITE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Spo
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Spo
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	STATE	Leadership PAC Sports ative Leadership PAC Sports ative ZIP CODE
esignated Agent: Identify	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition and the companion of Bank, epository, etc.	ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

Page ____ **of** _____

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	re, or Leadership PAC Spons
NCFL			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
		STATE Joint Fundraising Represent	ZIP CODE ▲ tative Leadership PAC Sp
Connect		Joint Fundraising Represent	
Connect	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connection Connectica Connection	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connection Connectica Connection	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connection Connectica Connection	Affiliated Committee	Joint Fundraising Represent	
Connections Connec	Affiliated Committee	Joint Fundraising Represent	Leadership PAC Sp

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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		FEC ID number	С
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
HUDSON, RICH	ARD L. JR., , ,		
Mailing Address	PO BOX 5053		
3			
	CONCORD	NC	28027
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative X Leadership PAC Sp
	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
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esignated Agent: Identi	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 Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: 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 Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A