Image# 202012219393378895	PAGE 1 / 7															
FEC FORM 1	STATEMEI ORGANIZ	Offic	e Use Only													
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5													
COMMITTEE (in full)	is changed)	over the lines.														
		C														
ADDRESS (number and street)	PO BOX 113															
(Check if address is changed)	1															
is changed)	CULPEPER		VA 2270'	1 1												
	CITY A			ZIP CODE												
COMMITTEE'S E-MAIL ADDR	RESS															
(Check if address is changed)	freitas@pdscompliance															
	Optional Second E-Mail Ad	ldress														
	admin@pdscomplia	nce.com														
(Check if address is changed)																
2. DATE 12	21 <sup>Y</sup> Y Y Y Y 2020															
3. FEC IDENTIFICATION	NUMBER ► C C	00729335														
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)														
certify that I have examined	this Statement and to the best	t of my knowledge and belief i	t is true, correct and c	complete.												
	<sub>rer</sub> Kilgore, Paul, , ,															
Гуре or Print Name of Treasu																
Signature of Treasurer	gore, Paul, , ,	[Electronically Filed]	Date 12	21 / Y Y Y Y 2020												
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		enalties of 2 U.S.C. §437g												
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	EC FORM 1 (Revised 06/2012)												

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FEC F	orm 1 (Revised 02/2009) Page 2
	COMMITTEE
Candida	te Committee:
(a) X	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 of Candidate	FREITAS, NICK, J, ,
Candidate Party Affilia	tion REP Office Sought: House Senate President District VA
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a   (National, State or subordinate) committee of the   (Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## FRIENDS OF NICK FREITAS INC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FREEDOMWORKS V													
	PO BOX 26141												
Mailing Address													
3													
			VA	22313									
	CITY												
Relationship: Connected	d Organization 🔰 Affiliated Committee 🗶 Joint Fu	undraising	Representati	ve Leadership PAC Sponsor									

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kilgore, Pa	aul, , ,
Full Name	
Mailing Address	824 S Milledge Ave Ste 101
	[
	Athens GA 30605   - - -
Title or Position	CITY STATE ZIP CODE
	Telephone number 706 534 7780

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Kilgore, Paul, , ,
Mailing Address	824 S Milledge Ave Ste 101
	Athens
	CITY STATE ZIP CODE
Title or Position	Telephone number 706 534 7780

FEC Form 1 (Revised 02/2009)

																						_
Full Name of Designated Agent	Goode, Michael	<b>, , ,</b>																				
Mailing Address	824	4 S Milledge A	ve Ste	101																		
	At	nens									G	A		Ľ	3060	)5 						
				CITY							STAT	ΓE					ZIP	CO	DE			
Title or Position	ırer 			_   _		-	Tele	ohon	e ni	umt	ber	L	7	06			534			77	80	

9. 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.

EAGL	E BANK		
Mailing Address	2001 K ST NW		
			006
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Cader	nce Bank		
Mailing Address	2234 W Broad St		
	Athens	GA 30	606
	CITY	STATE	ZIP CODE

FFC	Form	<b>1</b> S	(Revised	02/2017)
	1 01111	10	(11001300	02/2017)

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number
2.	FEC ID number
3	FEC ID number
4.	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TEAM NICK

Mailing Address	824 S. MILLEDGE AVE. S	TE. 101		
	ATHENS		GA	30605
Relationship:	CI	TY 🔺	STATE A	ZIP CODE
Connected	Organization Affiliated	Committee 🗴 Join	t Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																													J
Mailing Address	L																												
	L																												
	L																					L					- [		
TITLE OR POSITION V													S	TAT	E				ZIF	C	DC	E							
	L                                   Telephe												hor	ne I	Nur	nbe	ər			 - L				- [		]			

9. 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, First Vir Depository, etc.	rginia Community Bnk		
Mailing Address	11325 Random Hills Road		
	Farifax		
	CITY 🔺	STATE A	ZIP CODE 🔺

	Form	10		02/2017	•
FEC	Form	15	(Revised	02/2017	)

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor CRUZ 20 FOR 20 VICTORY FUND

Mailing Address	PO BOX 341027	
		TX 78734
Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲
Connected	Organization Affiliated Committee	X Joint Fundraising Representative Leadership PAC Sponso

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

9. 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.																							
Mailing Address	L																						
	L																						
	L															L					. [		
					C	۲I	( 🔺					S	TA	E.				ZIP	C	DD	E		

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

5(g) or (h). Joint Fu	Indraising Participant:
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1. [	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor FREITAS FOR VA-07

Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY 🔺	STATE A	ZIP CODE
Connected (	Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone Number	

9. 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.																														
Mailing Address																														
	L																													
																						L					- [_			
		CITY 🔺												STATE A							ZIP CODE									