PAGE 1 / 4

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. North Carolina Freedom Fund 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 paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2015 C00585760 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. Paul Kilgore Type or Print Name of Treasurer Paul Kilgore [Electronically Filed] 09 2015 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 Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
Car	ndidate	didate 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. (Complete the candidate information below.)					
Nam Can	ne of didate						
	didate y Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Can	ne of didate						
Par	arty Committee:						
(d)		· · · · · ·	Democratic, epublican, etc.) Party.				
Pol	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)					
Join	nt Fund	raising Representative:					
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	HUDSON FOR CONGRESS FEC ID number C C0050)4522				
	2.	MCHENRY FOR CONGRESS FEC ID number C C0039	93629				
	3.	FEC ID number					
	4.						

FEC Form 1 (Revis	sed 02/2009)	 Page 3
Write or Type Committee N		, and the second
North Carolin	a Freedom Fund	
	ed Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	ATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Paul I Full Name	Kilgore	
Mailing Address	824 S Milledge Ave Ste 101	
•		
	Athens	A 30605
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the com g., assistant treasurer).	mittee; and the name and address of
Full Name Paul k	(ilgore	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	A 30605
Title or Position	CITY STAT	
Treasurer	Telephone number	706 - 534 - 7780

FEC Form	n 1 (Revised 02/2009)	Page 4					
Full Name of Designated	Michael Goode						
Agent	204.24551 4 2 2 2 2 2						
Mailing Address	824 S Milledge Ave Ste 101						
	Athens CITY STATE ZI	P CODE					
Title or Position Assistant Treast	urer	4 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.							
	Suntrust Bank						
Mailing Address	PO Box 4418						
	Atlanta GA 30302						
	CITY STATE ZI	IP CODE					
Name of Bank, [Depository, etc.						
Mailing Address							
	CITY STATE ZI	IP CODE					