Only

PAGE 1/5 =

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. Jobs and the Economy PAC 824 S Milledge Ave ADDRESS (number and street) (Check if address Ste 101 is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jobs@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 24 2020 C00752790 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] 06 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete th	e candidate information below.)
(b) This committee is an authorized committee, and is NOT a princ information below.)	ipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NO	OT an authorized committee.
Name of Candidate	
Party Committee:	
(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	ed organization on line 6.) Its connected organization is a
Corporation Corporation w/o	Capital Stock Labor Organization
Membership Organization Trade Associatio	n Cooperative
In addition, this committee is a Lobbyist/Registrant PA	C.
(f) This committee supports/opposes more than one Federal candid committee. (i.e., nonconnected committee)	date, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PA	C.
In addition, this committee is a Leadership PAC. (Iden	tify sponsor on line 6.)
(g) This committee is an independent expenditure-only political com	mittee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PA	С.
(h) This committee is a political committee with both contribution an	nd non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PA	C.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses committees/organizations, at least one of which is an authorized	•
(j) This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized comm	·
Committees Participating in Joint Fundraiser	
1.	C
	C

	FEC Form 1	1 (Revised 02/2009)	Page 3
V	/rite or Type Comm	mittee Name	
	Jobs and	d the Economy PAC	
6.	=	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader TE VICTORY FUND	ship PAC Sponsor
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens GA 30605	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
<u>.</u>	Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in posses ds.	sion of committee
		Kilgore, Paul, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens GA 30605	[_] [
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position		
	Treasurer		534 - 7780
J.		the name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).	ame and address of
	Full Name	Kilgore, Paul, , ,	
	of Treasurer		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens GA 30605	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Treasurer		534 - 7780

FEC Form 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA 3	0605
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasure		Telephone number 706	_ 534 7780
Banks or Other D safety deposit boxe	epositories: List all banks or other depositories in whices or maintains funds.	th the committee deposits funds,	, holds accounts, rents
Name of Bank, De	pository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA 30	0606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisir	.9		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
OBERNOLTE, JA	Y , , ,		
Mailing Address	383 STARLIGHT CIRCLE		
	BIG BEAR LAKE	CA	92315
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
connecte esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
connecte esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
connecte esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
connecte esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor Dep	y by name, address (phone number – optional) CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail arms of Bank,	y by name, address (phone number – optional) CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor Dep	y by name, address (phone number – optional) CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A