FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Vote Baumgartner for Congress PO Box 8508 ADDRESS (number and street) (Check if address is changed) Spokane 99203 WA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address baumgartner@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) votebaumgartner.com (Check if address is changed) DATE 2024 C00870758 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Kilgore, Paul,, Date 04 18 2024 Signature of Treasurer Kilgore, Paul, , , 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

| EC Form 1 (Revised 03/2022) | Page 2 | | | | |
|--|--------------------------|--|--|--|--|
| TYPE OF COMMITTEE: | | | | | |
| Candidate 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 information below.) | the candidate | | | | |
| Name of Candidate Baumgartner, Michael, James, , | | | | | |
| Candidate Party Affiliation REP Office Sought: X House Senate President | State WA District 05 | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name of Candidate | | | | | |
| Party Committee: | | | | | |
| (d) This committee is a (National, State or subordinate) committee of the Republication | atic, an, etc.) Party | | | | |
| Political Action Committee (PAC): | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | cted organization is a: | | | | |
| Corporation Corporation w/o Capital Stock Labor | · Organization | | | | |
| Membership Organization Trade Association Coope | erative | | | | |
| 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.) | | | | | |
| (g) This committee is an independent expenditure-only political committee (Super PAC). | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid | PAC). | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| Joint Fundraising Representative: | | | | | |
| (i) 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. | o or more political | | | | |
| 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. | | | | | |
| Committees Participating in Joint Fundraiser | | | | | |
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| J | FEC Form 1 (Revised 0 | 2/2009) | | Page 3 |
|----|--|---|--------------------------------------|-------------------------------|
| V | Vite or Type Committee Name | or for Congress | | |
| 6. | Vote Baumgartne | ganization, Affiliated Committee, Joint | Fundraising Representative | , or Leadership PAC Sponsor |
| | NONE | | | |
| | | | | |
| | Market Addition | I | | |
| | Mailing Address | | | |
| | | | | |
| | | OITV 4 | 07775 1 | 710 0005 4 |
| | Deletionship. Connected | CITY ▲ Organization | STATE ▲ Joint Fundraising Represent | ZIP CODE A |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising Represent | tative Leadership PAC Sponso |
| 7. | Custodian of Records: Idention books and records. | fy by name, address (phone number op | tional) and position of the perso | on in possession of committee |
| | Kilgore, Pa | ul, , , | | |
| | Full Name | ₁ 824 S Milledge Ave | | |
| | Mailing Address | Ste 101 | | |
| | | Athens | ı GA ı | 30605 |
| | | | | |
| | Title or Position ▼ | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Treasurer | | Telephone number | 706 |
| 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 Kilgore, Pa | ul, , , | | |
| | Mailing Address | 824 S Milledge Ave | | |
| | | Ste 101 | | |
| | | Athens | GA | 30605 |
| | | CITY ▲ | STATE A | ZIP CODE ▲ |
| | Title or Position ▼ | OH T | SIAIE | ZIF CODE A |
| | Treasurer | | Telephone number | 706 |

| 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 3060 | 05 | | | |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Assistant Treasu | rer | lephone number 706 | 534 - 7780 | | | |
| . Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which xes or maintains funds. | the committee deposits funds, ho | olds accounts, rents | | | |
| Name of Bank, [| Name of Bank, Depository, etc. | | | | | |
| | Washington Trust | | | | | |
| Mailing Address | 2415 E 29th Ave | | | | | |
| | | | | | | |
| | Spokane | WA 9922 | 3 | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Name of Bank, Depository, etc. | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |