LA 1303110493

STATEMENT OF **ORGANIZATION**

PAGE 1 / 21 -

FORM 1			2013 AUG -6 PM 12: U1
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Texans for Texar	ns		
ADDRESS (number and street)	2470 Daniells Br Rd Ste 121	i	
(Check if address is changed)		<u> </u>	
ic ordinger,	Athens CITY		GA 30606 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS		
(Check if address is changed)	paul@pdscompliance.c	com	1
	Optional Second E-Mail Add	ance com	
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COMMITTEE'S WEB PAGE AD (Check if address	DRESS (URL)		
is changed)			
2. DATE 08 0	b" / (*)(*)(*); * (; *); * () 1		
3. FEC IDENTIFICATION N	UMBER ▶ C	en e	
4. IS THIS STATEMENT	NEW (N)	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r Paul Kilgore	~	
Signature of Treasurer Paul	Kilgore VOU	lho	Date 08 01 2013
NOTE: Submission of false, erron		may subject the person signing to ON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

FEC For	rm 1 (Revised 02/2009) Page 2	
TYPE OF C	COMMITTEE e 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.)	
Name of Candidate		
Candidate Party Affiliation	Office State ion Sought: House Senate President District	1
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa	arty.
Political A	ction 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	'n
	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 procommittee. (i.e., nonconnected committee)	arty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g) X	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.	
Com	mittees Participating in Joint Fundraiser	
1.	THE CONGRESSMAN JOE BARTON COMMITTEE FEC ID number C C00195065	
2.	BRADY FOR CONGRESS FEC ID number C C00311043	
3.	MICHAEL BURGESS FOR CONGRESS FEC ID number C C00372532	
_	JOHN CARTER FOR CONGRESS	- ;

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Page	3

FEC FORM I (Revised)		
Write or Type Committee Name		
Texans for Texa		
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Relationship.	Gu Organization	
7 Custodies of December Ide	entify by name, address (phone number optional) and position of the person in	noccassion of committee
 Custodian of Records: Ide books and records. 	entity by flame, address (phone mamber - optional) and position of the person in	possession of committee
Full Name		
Mailing Address		<u> </u>
Title or Position	CITY STATE	ZIP CODE
	Telephone number	L
Treasurer: List the name ar any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name Paul Kilgo	gore	.
of Treasurer	(0470 Davielle De Del Ste 121	<u> </u>
Mailing Address	2470 Daniells Br Rd Ste 121	
	Athens GA 3060	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 706	534 - 7780

I CO FOIL	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	, Michael Goode	
Agent		1 1 1 1 1 1 1
Mailing Address	2470 Daniells Br Rd Ste 121	<u> </u>
		<u> </u>
	Athens GA 306	06
	CITY STATE	ZIP CODE
itle or Position Asst Treasurer	706 Telephone number	- 534 - 7780
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FEC Form 1S (Revi	sed 06/2011)		Page 5
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Designated Agent			[ADDITIONAL]
Full Name	1 		
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Title or Position ₩	CITY 4	STATE	ZIP CODE
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Joint Fundraiser Particip			[ADDITIONAL]
5. LILILILI	OR CONGRESS	FEC ID number C	C00383828

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. [ADDITIONAL] Mailing Address CITY	FEC Form 1S (Revis	ed 06/2011)		Page 6
CITY STATE ZIP CODE A [ADDITIONAL] Mailing Address CITY STATE ZIP CODE A CADDITIONAL	safety deposit boxes or ma	intains funds.		
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Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number TARDITIONAL 1	Designated Agent			[ADDITIONAL]
Title or Position CITY STATES ZIP CODE STATES Telephone number				
Telephone number	Mailing Address		<u> </u>	
Telephone number				
LADDITIONAL I	Title or Position	CITY 🌢	STATE	ZIP CODE
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	Joint Fundraiser Particio	ant		[ADDITIONAL]
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FEC Form 1S (Revi	sed 06/2011)		Page /
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Relationship:	CITY	STATE 4	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundrais	sing Representative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
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Title or Position ■	CITY •	STATE	ZIP CODE
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Joint Fundraiser Particip	FOR CONGRESS		000472241
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	sed 06/2011)	<u> </u>	Page 9
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Connected Organization Designated Agent Full Name			ership PAC Sponsor
Connected Organization Designated Agent Full Name Mailing Address	Affiliated Committee Joint Fundraisin	g Representative Lead	[ADDITIONAL]
Connected Organization Designated Agent Full Name Mailing Address Title or Position	Affiliated Committee Joint Fundraisin	g Representative Lead	[ADDITIONAL]

FEC Form 1S (Revis	sed 06/2011)	<u> </u>	Page 10
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository	aintains funds.		olds accounts, rents
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FEC Form 1S (Revised	06/2011)		Page 11
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Relationship:	CITY	STATE	ZIP CODE
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Designated Agent			[ADDITIONAL]
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Title or Position ₩	CITY &	STATE	ZIP CODE &
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Joint Fundraiser Participant			[ADDITIONAL]
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FEC Form 1S (Rev	rised 06/2011)		Page 12
Banks or Other Deposits safety deposit boxes or m			
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ationship: Connected Organization	Affiliated Committee Joint Fundraising F	Representative Lea	dership PAC Sponsor
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Full Name			
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Title or Position	CITY &	STATE	ZIP CODE A
		phone number	
Joint Fundraiser Partici	ipant		[ADDITIONAL]
I KENNY MARO	CHANT FOR CONGRESS	FEC ID number C	C00393348
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FEC Form 1S (Revised	d 06/2011)		Page 13
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Designated Agent			[ADDITIONAL]
Full Name			
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Title or Position	CITY 🌰	STATE	ZIP CODE
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Joint Fundraiser Participar	nt		[ADDITIONAL]
	CONGRESS, INC	FEC ID number C	C00392688

FEC Form 1S (Revis	sed 06/2011)		Page 14
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,	intains funds.		olds accounts, rents
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Full Name			
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Title or Position	CITY გ	STATE	ZIP CODE
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Joint Fundraiser Participa	ant R CONGRESSIONAL COMMITTEE		[ADDITIONAL]

FEC Form 1S (Revi	sed 06/2011)		Page 15
Banks or Other Deposite safety deposit boxes or m		committee deposits funds, ho	olds accounts, rents
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ationship: Connected Organization	Affiliated Committee	ng Representative Lead	dership PAC Sponsor
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Title or Position ₩	CITY &	STATE	ZIP CODE
	т.	elephone number	- -
Joint Fundraiser Partici		elephone number	[ADDITIONAL]
LOLSON FOR	CONGRESS COMMITTEE	,	C00437913
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FEC Form 1S (Rev	ised 06/2011)		Page 16
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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page) FEC Form 1S (Revised 06/2011)

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Connected Organization	Affiliated Committee Joint Fundra	aising Representative Leade	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
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Title or Position ♥	CITY A	STATE	ZIP CODE 4
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Joint Fundraiser Participa			[ADDITIONAL]
8. LILILIANS TORIE		FEC ID number C C	00197160

·	vised 06/2011)		Page 19
Banks or Other Deposite safety deposit boxes or m			
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Designated Agent			[NDDINIONAL]
Designated Agent Full Name			
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Full Name			
Full Name	CITY 🏚	STATE	ZIP CODE (6)
Full Name Mailing Address	CITY &	STATE Telephone number	

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

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Banks or Other Depositories:	List all banks or other depositories in which the c	ommittee deposits funds.	nolds accounts, rents
safety deposit boxes or maintains Name of Bank, Depository, etc.			[ADDITIONAL]
Name of Bank, Depository, etc.			
			
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Full Nama			
Mailing Address			
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Title or Position ₩	CITY &	STATE	ZIP CODE
		lephone number	
Joint Fundraiser Participant			[ADDITIONAL]
20. WEBER FOR CON	GRESS	FEC ID number C	C00502229

FEC Form 1S (Revise	ed 06/2011)		Page 21
Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, e	ntains funds.		ds accounts, rents
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tion of in-	CITY	STATE	ZIP CODE
tionship: Connected Organization	Affiliated Committee Joint Fundraising	Representative Lead	ership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Full Name LLL Mailing Address			
Mailing Address		STATE	ZIP CODE A
	CITY &	STATE	ZIP CODE
Mailing Address	CITY &	STATE A	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED **PREPARER**

(7/2013)