Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AUSTIN SCOTT FOR CONGRESS INC PO BOX 2530 ADDRESS (number and street) (Check if address is changed) **TIFTON** 31793 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vivien@scottforga.com (Check if address is changed) Optional Second E-Mail Address austinscott@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.scottforga.com (Check if address is changed) DATE 2019 C00482737 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. SCOTT, VIVIEN, , , Type or Print Name of Treasurer SCOTT, VIVIEN, , , [Electronically Filed] 06 2019 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

Local 202-694-1100

TYPE OF COMMITTEE Candidate Committee: (a)	FEC F	Form 1 (Revised 02/2009) Page 2	
(a)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of SCOTT, JAMES, AUSTIN, , Candidate Party Affiliation REP Office Sought: X House Senate President District 08 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a Minimum of Substitution			
Name of Candidate SCOTT, JAMES, AUSTIN, . Candidate Party Affiliation REP Office Sought: X House Senate President District 08 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Affiliation Committee: ((national, State or subordinate) committee of the 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: Corporation Corporation Corporation Corporation Wo Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. 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. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C	(a) ^	I his committee is a principal campaign committee. (Complete the candidate information below.)	
Candidate Party Affiliation REP Office Sought: House		information below.)	ie
Candidate Party Affiliation REP Office Sought: W House	Candidate		
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committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1.	(g)		l
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2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number	1		_
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			=
4.			=

EEC Form 1 (Posic	and 02/2000\	Daga 2
FEC Form 1 (Revis		Page 3
	OTT FOR CONGRESS INC	
	ed Organization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PAC Sponsor
AUSTIN SCOTT VI	CTORY FUND	
Mailing Address	2470 DANIELLS BR RD STE 121	
	ATHENS	GA 30606
	CITY	STATE ZIP CODE
	CILT	JINIL ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising I	Representative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	on of the person in possession of committee
Full Name		
Mailing Address		
-		
Title or Position	CITY	STATE ZIP CODE
	Telephone numb	ber
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the e.g., assistant treasurer).	committee; and the name and address of
Full Name SCOT of Treasurer	T, VIVIEN, , ,	
Mailing Address	27 OAKMONT DR	
	TIFTON	GA 31793 _
	CITY	STATE ZIP CODE
Title or Position , TREASURER		404 291 0725
	Telephone numb	per

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE ZI	IP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	accounts, rents
safety deposit b	Depository, etc. SUNTRUST BANK PO BOX 4418	accounts, Tents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. SUNTRUST BANK PO BOX 4418	
safety deposit b Name of Bank,	Depository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA GA 30302	IP CODE
safety deposit b Name of Bank,	Depository, etc. SUNTRUST BANK PO BOX 4418 ATLANTA GA 30302 CITY STATE Z	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. SUNTRUST BANK	
safety deposit b Name of Bank, Mailing Address	Depository, etc. SUNTRUST BANK	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. SUNTRUST BANK	

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3		FEC ID number	C
	4.		FEC ID number	C
3.		Organization, Affiliated Committee, Joint Fundra SCOTT VICTORY FUND	ising Representative	, or Leadership PAC Sponsor
	FOR TENDERRY -	SCOTT VICTORY FUND		
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
	Full Name _ _	CITY A Tele ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tele ies: List all banks or other depositories in which the intains funds.	STATE ▲ ephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	CITY CITY Tele ies: List all banks or other depositories in which the intains funds.	STATE ▲ ephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching boxes or matching between the pository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the intains funds. Fargo	STATE ▲ ephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching boxes or matching between the pository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the intains funds. Fargo	STATE ▲ ephone Number	ZIP CODE A