FEC	
FORM	1

STATEMENT OF ORGANIZATION

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2813 MAR 14 AM 8: 20 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Georgia Victory F	Fund			
ADDRESS (number and street)	,2470 Daniells Br Rd Ste 121			
(Check if address is changed)	Athens		GA 30606	<u></u>
	C	СІТҮ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES: (Check if address is changed)	6 (Please provide only one e- paul@pdscompliance mgoode@pdscomp	.com liance.com		
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Check if address is changed)				
2. DATE 03 05	2013			
3. FEC IDENTIFICATION NU	MBER	anga di seri tipo de la compositione de la compositione de la compositione de la composition de la composition		
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined this	s Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasurer Signature of Treasurer	Paul Kilgore	Lga_	⊯ si / Date 03	2 0 7 7 7 7 05 2013
NOTE: Submission of false, erroned		may subject the person signing to N SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.

_	Office Use		For further information contact: Federal Election Commission	FEC FORM 1	
L	Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)	

5.		TYPE OF COMMITTEE Candidate 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 Candio			<u>, , , , , , , , </u>			
	Candio Party	date Affiliatio	Office n Sought: House Senate President	State			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	Name Candio						
	Party	y Com	mittee:				
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
	Politi	ical Ac	tion Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:			
			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 s committee. (i.e., nonconnected committee)	egregated 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.)				
	Joint	Fund	aising Representative:				
	(g)	`	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 tr committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Committees Participating in Joint Fundraiser						
		1.		D411579			
		2.	Georgia PAC	0490235			
		З.	FEC ID number C				
		4.	FEC ID number C				

FEC Form 1 (Revised 02/2009)

Page 3

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Write or Type Committee Name

Georgia Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee	Joint Fundraising Represe	ntative Eleadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number	optional) and position of the	e person in possession of committee
Full Name			
Mailing Address			
)
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of .g., assistant treasurer).	the treasurer of the committ	ee; and the name and address of
Full Name Paul I	Kilgore		
Mailing Address	2470 Daniells Br Rd Ste 121		
	Athens		
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	706 534 7780

Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			
Mailing Address			
		STATE	
		e number]-[]-[
Banks or Other Depo safety deposit boxes o Name of Bank, Depos		mmittee deposits	funds, holds accounts, rents
Su	Intrust Bank		
Mailing Address	101 N Lumpkin St		
	Athens		30601
	CITY	STATE	ZIP CODE
	sitory, etc.		
Name of Bank, Depos			
Name of Bank, Depos			
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Name of Bank, Depos			
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Page 4

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	ING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature C	onfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
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
Date Other (Specify):	of Receipt or Postmarked
R	3/14/13
(3/2005)	DATE PREPARED