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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. KEVIN KILEY FOR CONGRESS 9458 TREELAKE RD. ADDRESS (number and street) (Check if address is changed) **GRANITE BAY** 95746 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS DAVID@THEAGENCY.US (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 28 2022 C00801985 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. Bauer, David, , , Type or Print Name of Treasurer Bauer, David, , , [Electronically Filed] 07 28 2022 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 Only

Local 202-694-1100

EC	Form 1 (Revised 03/2022) Page	e 2
Т	YPE OF COMMITTEE:	
C	andidate Committee:	
(8	This committee is a principal campaign committee. (Complete the candidate information below.)	
(I	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidat information below.)	te
	Name of Candidate KILEY, KEVIN, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President District	4,1
(0	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
F (0	arty Committee: (National, State (Democratic, Republican, etc.) Part	ty
F	olitical Action Committee (PAC):	
(6	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation 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.	
(1	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)	party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
((This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(l	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
ν.	In addition, this committee is a Lobbyist/Registrant PAC.	
_		
J	oint Fundraising Representative:	
(i	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, at least one of which is an authorized committee of a federal candidate.	litical
(j	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.	litical
	Committees Participating in Joint Fundraiser	
	1 C	

I	FEC Form 1	(Revised 02/2009)	Page 3
٧	Vrite or Type Comm		
	KEVIN K	ILEY FOR CONGRESS	_
6.		onnected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	1	ICTORY FUND	
		OAFO TREELAKE RD	
	Mailing Address	9458 TREELAKE RD.	
		GRANITE BAY	95746
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	e Leadership PAC Sponso
		E	
_			
7.	Custodian of Red books and record	cords: Identify by name, address (phone number optional) and position of the person in Is.	possession of committee
		BAUER, DAVID, , ,	
	Full Name		
		19458 TREELAKE RD.	
	Mailing Address		
		GRANITE BAY	95746
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	7	
	Custodian of Reco	ords916	6 473 4298
		Telephone number	
8.	Treasurer: List th	ne name and address (phone number optional) of the treasurer of the committee; as	nd the name and address of
٠.		gent (e.g., assistant treasurer).	
	Full Name	BAUER, DAVID, , ,	
	of Treasurer		
	Mailing Address	9458 TREELAKE RD.	
		1	
		GRANITE BAY	95746
	Tale of De W	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	916	6 - 473 - 4298

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Full Name of Designated Agent	None, , , ,	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	▼	
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits toxes or maintains funds.	funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	CALIFORNIA BANK AND TRUST	
Mailing Address	550 SOUTH HOPE ST. #100	
	LOS ANGELES CA	90071
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.	
	Evolve Bank and Trust	
Mailing Address	301 Shoppingway Blvd.	
	West Memphis AR	72301
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi n		FEC ID number	
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4			0
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Kiley for CA-03			
Mailing Address	P.O. Box 30844		
mailing Addition			
	Bethesda	, MD	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Fundraising Danrasant	ative DAC C
Connected		Fundraising Representa	Leadership PAC S
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint by by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	.9		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representativ	re, or Leadership PAC Spon
Mailing Address	P.O. Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Jo	int Fundraising Represent	Leadership PAC S
		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A