Only

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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. AUSTIN SCOTT VICTORY FUND 824 S Milledge Ave Ste 101 ADDRESS (number and street) (Check if address is changed) **ATHENS** 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ASVICTORY@PDSCOMPLIANCE.COM is changed) Optional Second E-Mail Address ADMIN@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00544510 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 12 04 2023 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

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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 of Candidate
	Candidate Office State Party Affiliation Sought: House Senate President District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate
	Party Committee:
	(Mational, State or subordinate) committee of the (Democratic, 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 a:
	Comparation w/o Conital Stark
	Corporation 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 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	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
	1. AUSTIN SCOTT FOR CONGRESS INC
	WELLS PAC C00500793

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	Vrite or Type Committee Name	<u> </u>		raye y
•		VICTORY FUND		
6.		rganization, Affiliated Committee, Joint Fundraising	Representative, or Leade	ership PAC Sponsor
	NONE	-		
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Funds	aising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and pos	tion of the person in posse	ssion of committee
	Kilgore, Pa	ul, , ,		
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	GA 30608	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone	e number 706 -	534 7780
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of assistant treasurer).	of the committee; and the	name and address of
	Full Name Kilgore, Pa	ul, , ,		
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	GA 30609	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Tracquirer		. 706	524 7790

Telephone number

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Full Name of Designated Agent	Goode, Michael, , ,	
Mailing Addres	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treas		5 - 534 - 7780
Banks or Othe safety deposit I	er Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds.	ds, holds accounts, rents
Name of Bank,	Depository, etc.	
	Classic City Bank	
Mailing Address	2365 W Broad St	
	Athens	30606
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	ing i di tioipairti				
NRCC 1			FEC ID	number	C C00075820
2.			FEC ID	number	С
3.			FEC ID	number	C
4.			FEC ID	number	С
Name of Any Connected	l Organization, Affilia	ated Committee, Joint F	Fundraising Repr	esentative	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
Designated Agent: Identi		Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Spo
Designated Agent: Identi				Representa	ative Leadership PAC Spo
Designated Agent: Identi				Representa	ative Leadership PAC Spo
Designated Agent: Identi				Representa	ative Leadership PAC Spo
Designated Agent: Identi		(phone number – options	al)		
Designated Agent: Identi	fy by name, address		al)	TATE A	ZIP CODE
Designated Agent: Identi Full Name Mailing Address	fy by name, address	(phone number – options	al)	TATE A	
Designated Agent: Identi Full Name	fy by name, address	city A	al) S Telephone Nu	TATE mber ee deposit	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or management of Bank, Depository, etc.	fy by name, address	city A	al) S Telephone Nu which the committee	TATE mber ee deposit	ZIP CODE A