06/21/2024 15 : 23

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 9
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
Rob for PA		
ADDRESS (number and str	reet) 11 Dock St Box 971	
(Check if addre is changed)	PSS	
	Pittston └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	PA 18640 STATE▲ ZIP CODE▲
COMMITTEE'S E-MAIL A	DDRESS	
(Check if addre is changed)	ss bresnahan@pdscompliance.com	
	Optional Second E-Mail Address admin@pdscompliance.com	
COMMITTEE'S WEB PAG (Check if addre is changed)		
2. DATE 06	21 Y Y Y Y 21 2024	
3. FEC IDENTIFICATIO	ON NUMBER ► C C00852137	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Tre	easurer Kilgore, Paul, , ,	
Signature of Treasurer	Kilgore, Paul, , ,	Date 06 / D D / Y Y Y Y 2024
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Bresnahan, Rob, , Candidate State PA Candidate Office REP House Senate President Party Affiliation Sought: District 08 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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).

(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.

In addition, this committee is a Lobbvist/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.
 (j) 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.
 2.

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	FEC Form 1 (Revised	02/2009)	Page 3
V	Vrite or Type Committee Name		
	Rob for PA		
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
		BUILDERS	
	Mailing Address	824 S. MILLEDGE AVE. STE. 101	
		ATHENS GA 30605	
		CITY A STATE A ZI	P CODE
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	dership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kilgore, P	aul, , ,
Full Name	
Mailing Address	824 S Milledge Ave Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 706 534 7780

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Kilgore, Paul, , ,
of Treasurer	
Mailing Address	824 S Milledge Ave Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 706 534 7780

Full Name of Designated Agent	Goode, Michael, , ,
Mailing Address	824 S Milledge Ave Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	er Telephone number 706 534 7780

9. 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.

Classi	c City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA 30606	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depositor	<i>i</i> , etc.		
Chain	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
	CITY A	STATE 🔺	ZIP CODE

Page 4

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5(g) o	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4		FEC ID number	
6.	-	Organization, Affiliated Committee, Joint Fundra	aising Representative, o	or Leadership PAC Sponsor
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria		22314
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	d Organization	Fundraising Representativ	e Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
8.	Full Name	v by name, address (phone number – optional)		
8.		<pre>v by name, address (phone number - optional)</pre>		
8.	Full Name	<pre>v by name, address (phone number - optional) </pre>		
8.	Full Name			<pre></pre>
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8.	Full Name			· · · · · · · · · · · · · · · · · · ·
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9.	Full Name Mailing Address TITLE OR POSITION		lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositon safety deposit boxes or ma Name of Bank,Capital		lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Capital Depository, etc.	CITY A CITY A Te ries: List all banks or other depositories in which the intains funds. Bank	lephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Capital Depository, etc.		lephone Number	

5(g) or (h).	Joint Fundraising	Participant:		
1.		FI	EC ID number	С
2.		FI	EC ID number	С
3.			EC ID number	C
4.		FI	EC ID number	С
	of Any Connected O M ROB	rganization, Affiliated Committee, Joint Fundraising	g Representative	e, or Leadership PAC Sponsor
N	lailing Address	824 S MILLEDGE AVE		
		STE 101		
		ATHENS	GA	30605
R	elationship:		STATE ▲	
	Connected (Drganization Affiliated Committee X Joint Fund	Iraising Representa	tive Leadership PAC Sponsor
8. Designa	ated Agent: Identify b	by name, address (phone number – optional)		
Full	Name			
Mai	ling Address			
		<u> </u>		
тп	TLE OR POSITION V	CITY A	STATE A	ZIP CODE
			one Number	
safety c	leposit boxes or main	es: List all banks or other depositories in which the c tains funds.	committee deposit	s funds, holds accounts, rents
safety o Name o	leposit boxes or main			

Depository, etc.																						
Mailing Address																						
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WASHINGTON WASHINGTON CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC : t: Identify by name, address (phone number – optional) SS CITY A STATE A ZIP CODE A	(h). Joint Fundraising	Participant:		
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	Mailing Address	320 1ST ST SE		
		WASHINGTON		20003
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC state A ZIP CODE A	Relationship:			
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Telephone Number	Connected of conne	by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spor
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<u> </u>	Connected of conne	by name, address (phone number – optional)	STATE	
iress	Connected of esignated Agent: Identify B Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	STATE	
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Jress	Connected of esignated Agent: Identify B Full Name Mailing Address TITLE OR POSITION anks or Other Depositoria afety deposit boxes or main ame of Bank, epository, etc	by name, address (phone number – optional)	STATE	

5(g) or ((h). Joint Fundraising	g Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
	2A DEFENSE FUND		
	Mailing Address	824 S MILLEDGE AVE STE 101	
		$\lfloor \ldots \ldots$	
		ATHENS	GA 30605
	Relationship:	CITY 🔺	STATE ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		CITY ▲	
	TITLE OR POSITION		
			ephone Number
	anks or Other Depositor afety deposit boxes or ma		ne committee deposits funds, holds accounts, rents
	lame of Bank, epository, etc.		
	Mailing Address		
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1			STATE ▲ ZIP CODE ▲

5(g) o	or (h). Joint Fundraising	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponsor
		TORY FUND 2024		
	Mailing Address	228 S WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA		22314
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		-
	TITLE OR POSITION		STATE A	
		· 	Telephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which intains funds.	ch the committee deposit	s funds, holds accounts, rents
	Name of Bank,			
	Depository, etc.			
	Mailing Address			
				<u> </u>
		CITY A	STATE A	ZIP CODE 🔺