FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Josh Cortez Victory 531 W Court St. #1048 ADDRESS (number and street) (Check if address is changed) Seguin 78156 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address cortezvictory@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00912048 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 80 21 2025 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 candinformation below.)	lidate		
	Name of Candidate			
	Party Affiliation Sought: House Senate President	strict		
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate			
	Party Committee:			
	(d) This committee is a (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 or line 6.	nization is a:		
	Corporation Corporation w/o Capital Stock Labor Organiza	ation		
	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 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) X This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political		
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more positive committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser			
	1. JOSH CORTEZ FOR CONGRESS Co0910778			
	2. TEXAS LEADERSHIP PAC			

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V	Vrite or Type Committee Name		
	Josh Cortez Vict	ory	
3.		ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person in possess	sion of committee
	Kilgore, Pa	ıl	
	Full Name	····	
	Mailing Address	824 S Milledge Ave	
		Ste 101	1
		Athens GA 30605	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5// L	211 0002 -
	Treasurer		534 7780
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	Full Name Kilgore, Pa	ıl, , ,	1
		824 S Milledge Ave	
	Mailing Address	Ste 101	
		Athens GA 30605	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OIT 4 SIMIL 4	211 CODE =
	Treasurer		534

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	Full Name of Designated Agent	Goode, Michael, , ,		
	Mailing Address	824 S Milledge Ave		
		Ste 101		
		Athens	GA 3	0605
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position Asst. Treasurer	Telephone	number 706	534 7780
-		Depositories: List all banks or other depositories in which the comres or maintains funds.	nittee deposits funds	, holds accounts, rents
	Name of Bank, D	epository, etc.		
	Mailing Address	Classic City Bank		
		Athens	GA 30	0606
		CITY A	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		_
	Mailing Address			
		CITY A	STATE ▲	ZIP CODE ▲