(Revised 06/2012)

FEC

Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		ORGANIZ	ZAII	JN										
										Office	Use O	nly		
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If ty r the lines		oe	12	FE4	M5					
Giuliani Defe	ense													
ADDRESS (number an	nd street)	401 S County Rd												
(Check if a is changed		#3495												
	,	Palm Beach CITY ▲					L ^{FL} STA	∐ TE ▲	L	33480		- IP COI	DE 🛦	
COMMITTEE'S E-MA	IL ADDRES	SS												
(Check if a is changed		rkiger@restoringusa.org												
		Optional Second E-Mail A	Address											
COMMITTEE'S WEB (Check if a is changed	ddress	DRESS (URL)												
2. DATE 08														
3. FEC IDENTIFIC	ation nu	JMBER ▶ C	C008473	27										
4. IS THIS STATEM	IENT X	NEW (N) OR		AME	ENDED ((A)								
I certify that I have ex	xamined th	is Statement and to the be	est of my	knowledge	e and be	elief it	is true	e, coi	rrect a	and co	omplete	€.		
Type or Print Name of	of Treasurer	Kiger, Robert, , ,												
Signature of Treasure	r Kiger,	Robert, , ,				_	Date		M M M] ′ [04	/ Y	2023	Y
NOTE: Submission of f	alse, errone	ous, or incomplete information									nalties	of 52 l	J.S.C. §	30109
Office Use				For further information contact: Federal Election Commission (Revised 06/2012)			<u> </u>							

Toll Free 800-424-9530

Local 202-694-1100

FE	EC Form 1 (Revised 03/2022)	Page 2						
	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 information below.)	the candidate						
	Name of Candidate							
	Candidate Party Affiliation Office Sought: House Senate President	State District						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	e of idate							
	Party Committee:							
	(d) This committee is a (National, State or subordinate) committee of the Republication	itic, in, etc.) Party						
	Political Action Committee (PAC):							
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:						
	Corporation Corporation w/o Capital Stock Labor	Organization						
	Membership Organization Trade Association Coope	erative						
	In addition, this committee is a Lobbyist/Registrant PAC.							
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ted 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.)							
	(g) This committee is an independent expenditure-only political committee (Super PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
	(h) X 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political						
(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								
	1C							

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	Giuliani Defense		
6.		ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representa	ative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person	ı in possession of committee
	Kiger, Robe	rt, , ,	
	Full Name	PO Box 3495	
	Mailing Address	PO BOX 3495	
		Palm Beach FL	33480
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	720 - 837 - 4528
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
	Full Name Kiger, Robe of Treasurer	rt, , ,	
	Mailing Address	PO Box 3495	
	•		
		Palm Beach FL	33480
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	720 - 837 - 4528

FEC Form 1 (F	Revised 02/2009)		Page 4					
Full Name of Designated (Agent	Giuliani, Andrew, , ,							
Mailing Address	400 Chambers St							
	5K							
	New York	NY 1028	32 					
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲					
Founder	<u></u>	Telephone number 917 -	349 - 7370					
	epositories: List all banks or other depositories in which s or maintains funds.	the committee deposits funds, ho	olds accounts, rents					
Name of Bank, Dep	Name of Bank, Depository, etc.							
LV	Vells Fargo	1 1 1 1 1 1 1						
Mailing Address	255 County Rd							
	Palm Beach	FL 3348	0					
	CITY A	STATE ▲	ZIP CODE ▲					
Name of Bank, Dep	ository, etc.							
L								
Mailing Address								
	CITY A	STATE ▲	ZIP CODE ▲					