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FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	ORGANIZ	2014 SEP 19 AF 11: 42							
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example:If typing, type over the lines.	12FE4MS COMATU CENTER						
CALIFORN	IA VICTORY FUND	11111111							
ADDRESS (number ar	PO BOX 27227								
(Check if a is changed									
COMMITTEE'S E-MAIL ADDRESS									
(Check if address is changed) PAUL@PDSCOMPLIANCE.COM									
	Optional Second E-Mail Ac MGOODE@PDSCC	ddress DMPLIANCE,COM							
COMMITTEE'S WEB	PAGE ADDRESS (URL)								
(Check if a is changed									
2. DATE 09 15 2014									
3. FEC IDENTIFICATION NUMBER ▶ C									
4. 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.									
Type or Print Name of Treasurer Paul Kilgore									
Signature of Treasure	, toulfile		Date 09 / 5 / 2014						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.									
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	EEL. ELIBINI I						

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	COMMITTEE						
	te Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b) Name of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Candidate							
Candidate Party Affilia	Office State President District						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Co	mmittee:						
(d)	This committee is a (National, State (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						
	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.)						
Joint Fur	ndraising Representative:						
(g) 🔀	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.						
(h)	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.						
Co	mmittees Participating in Joint Fundraiser						
1.	CARL DEMAIO FOR CONGRESS FEC ID number C C00545384						
2.	STRICKLAND FOR CONGRESS FEC ID number C C00543165						
3.	FEC ID number						
4.							

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777

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Write or Type Committee Nar	me			
CALIFORNIA	VICTORY FUND			
6. Name of Any Connected	Organization, Affiliated Committee	, Joint Fundraising Rep	resentative, or Lead	ership PAC Sponsor
NONE				
Mailing Address				
Maining / tea. 333				
			1, 1 1	. 1_1 1
	CITY		STATE	ZIP CODE
Polationship: T Consess	tod Organization Assistand Commit	too Digital Francisco	· Poprosentative	Loadorchia DAC Carana
Relationship: Connec	ted Organization Affiliated Commit	tee Joint Fundraising	Representative	Leadership PAC Sponsor
7. Custodian of Records: Id books and records.	lentify by name, address (phone num	ber optional) and posit	ion of the person in	possession of committee
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone nur	mber	
3. Treasurer : List the name a any designated agent (e.g.	and address (phone number options , assistant treasurer).	al) of the treasurer of the	e committee; and the	name and address of
Full Name PAUL KI	ILGORE			
Mailing Address	2470 DANIELLS BRIDGE RD STE	121		
		<u> </u>		
	ATHENS		GA 30606 STATE	ZIP CODE
Title or Position TREASURER L		Telephone nur	nber 706 -	534 - 7780

CITY

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ZIP CODE

STATE

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MICHAEL GOODE

Full Name of

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