STATEMENT OF

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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. Dold Victory Committee PO Box 6312 ADDRESS (number and street) (Check if address is changed) Libertyville 60048 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2016 C00576181 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. Paul Kilgore Type or Print Name of Treasurer Paul Kilgore [Electronically Filed] 03 08 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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|------------|--|--|---|--|--|--|--|
| | E OF COMMITTEE | | | | | | |
| | ndidate | lidate Committee: | | | | | |
| (a) | Ш | 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.) | | | | | |
| Nam Can | ne of didate | | | | | | |
| | didate y Affiliatio | Office on Sought: House Senate President | State | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | | |
| Nam Can | ne of didate | | | | | | |
| Par | ty Com | nmittee: | | | | | |
| (d) | | | Democratic, Republican, etc.) Party. | | | | |
| Pol | itical A | ction Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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 se committee. (i.e., nonconnected committee) | gregated 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.) | | | | | |
| Join | nt Fund | raising Representative: | | | | | |
| (g) | | 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. | o or more political | | | | |
| (h) | X | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political | | | | |
| | Committees Participating in Joint Fundraiser | | | | | | |
| | 1. | DOLD FOR CONGRESS FEC ID number C C004 | 65971 | | | | |
| | 2. | EAGLE PAC FEC ID number C C005 | 72123 | | | | |
| | 3. | NRCC FEC ID number C C000 | 75820 | | | | |
| | 4. | ILLINOIS REPUBLICAN PARTY | 05926 | | | | |

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|--|--|-------------------------------------|
| Write or Type Committee Name | | - 0 |
| Dold Victory Co | mmittee | |
| | Organization, Affiliated Committee, Joint Fundraising Representati | ive, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| Walling Address | | |
| | | l l |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Represe | entative Leadership PAC Sponsor |
| 7. Custodian of Records: Ider books and records. | tify by name, address (phone number optional) and position of the | e person in possession of committee |
| Paul Kilgo | re | |
| Full Name | 824 S Milledge Ave Ste 101 | |
| Mailing Address | | |
| | Athens | , ,30605 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 706 |
| 8. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committeesistant treasurer). | tee; and the name and address of |
| Full Name Paul Kilgor | e | |
| | 824 S Milledge Ave Ste 101 | |
| Mailing Address | | |
| | Athens GA | 30605 _ |
| | CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number | 706 - 534 - 7780 |

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|---|------------------------------|---------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated | Michael Goode | | | | | |
| Agent | 204.24551 4 2 2 2 2 2 | | | | | |
| Mailing Address | 824 S Milledge Ave Ste 101 | | | | | |
| | | | | | | |
| | Athens CITY STATE ZI | P CODE | | | | |
| Title or Position Assistant Treast | urer | 4 7780 | | | | |
| 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. | | | | | | |
| | Suntrust Bank | | | | | |
| Mailing Address | PO Box 4418 | | | | | |
| | | | | | | |
| | Atlanta GA 30302 | | | | | |
| | CITY STATE ZI | IP CODE | | | | |
| Name of Bank, [| Depository, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE ZI | IP CODE | | | | |