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. Emmer for Congress PO Box 279 ADDRESS (number and street) (Check if address is changed) Elk River 55330 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tomemmer@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.emmerforcongress.com (Check if address is changed) DATE 2024 C00545749 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 11 12 2024 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

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 dinformation below.)	candidate
Name of Candidate Emmer, Thomas, Earl, , Jr.	
Candidate Party Affiliation REP Office Sought: X House Senate President	State MN District 06
(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.	tc.) 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 Orga	
Membership Organization Trade Association Cooperativ	е
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 f committee. (i.e., nonconnected committee)	und 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) 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 or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1	

I	FEC Form 1 (Revised 0)	2/2009)			Page 3
٧	Vrite or Type Committee Name				
	Emmer for Cong	ress			
6.	•	ganization, Affiliated Committee, J	oint Fundraising Repre	sentative, or Lead	lership PAC Sponsor
	EMMER VICTORY C	OMMITTEE			
	1				
		204 C Milladra Ava Cta 404			
	Mailing Address	824 S Milledge Ave, Ste 101			
		ATHENS		GA 3060	05
		CITY ▲	:	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	n X Joint Fundraising	Representative	Leadership PAC Sponso
	Tiolationismp.	7 millatoa Organization	oome ranaralong	Tioprocontaino	Load of one of the opening
_					
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number -	- optional) and position of	the person in posse	ession of committee
	Kilgore, Par	,1, , ,			
		824 S Milledge Ave Ste 101			
	Mailing Address				
		Athens	1	GA 3060	05
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼	0111 =	·	OIAIL =	211 0002 =
	Treasurer		Talanhana numb	706	534 7780
			Telephone numb	oer	
8.		d address (phone number optional)) of the treasurer of the	committee; and the	name and address of
	any designated agent (e.g., a	ssistant treasurer).			
	Full Name Kilgore, Par	ul, , ,			
	of Treasurer	1824 S Milledge Ave Ste 101			
	Mailing Address	624 S Milledge Ave Ste 101			
		Athens	, , , , , , , , ,	GA 3060	05
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	<u>, , , , , , , , , , , , , , , , , , , </u>	Telephone numb	per	534 - 7780

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA	30605
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	one number 706	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the cxes or maintains funds.	ommittee deposits fund	ds, holds accounts, rents
Name of Bank, [Depository, etc.		
	Wells Fargo	<u> </u>	
Mailing Address	2015 3rd Avenue		
	Anoka	<u>MN</u> ∟	55303
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Classic City Bank	<u> </u>	
Mailing Address	2365 W Broad St		
	Athens	GA	30606
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundrais	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
TEAM EMMER			· · ·
Mailing Address	824 S MILLEDGE AVE		
	STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	Affiliated Committee X Joint J	oint Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Ident			Leadership PAC Spo
esignated Agent: Ident			Leadership PAC Spo
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resignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		Leadership PAC Spo
resignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whinaintains funds. Financial Credit Untion 14985 Glazier Avenue	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposition deposit boxes or name of Bank, wingsteepository, etc.	cify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in whinaintains funds. Simplify by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY CITY To pries: List all banks or other depositories in which aintains funds. Cirginia Community Bank 2500 Wilson Blvd Ste 100	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds. Cirginia Community Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		FEC ID number	С
- 1		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GOLDEN STATE V	ICTORY FUND		
	824 S. MILLEDGE AVE. STE. 101		
Mailing Address			
	ATHENS	GA GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Iden	tify by name, address (phone number - optional)		
esignated Agent: Iden	tify by name, address (phone number – optional)		
	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A