Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee to Elect Christian Castelli/Castelli for Congress 809 Green Valley Road Ste 104 ADDRESS (number and street) PO Box 41225 (Check if address is changed) Greensboro 27404 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address castelli@pdscompliance.com is changed) Optional Second E-Mail Address info@castellifornc.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.castellifornc.com (Check if address is changed) DATE 2023 C00794495 FEC IDENTIFICATION NUMBER 3. X 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 Kilgore, Paul,, 11 20 2023 Signature of Treasurer Kilgore, Paul, , , Date 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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EC 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	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	tee. (Complete the candidate
Name of Castelli, Robert, Christian, ,	
Candidate Party Affiliation REP Office Sought: House Senate	State NC President District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized com-	
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	e 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a se committee. (i.e., nonconnected committee)	parate segregated 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) This committee is a political committee with both contribution and non-contribution accommittee with both contribution and non-contribution accommittee.	counts (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 procommittees/organizations, at least one of which is an authorized committee of a federal	· ·
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand	
Committees Participating in Joint Fundraiser	
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2.	

Treasurer

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I	FEC Form 1 (Revised 0)	2/2009)		Page 3
V	Vrite or Type Committee Name	22003)		r age c
	Committee to Ele	ect Christian Castelli/Castell	li for Congress	
6.		rganization, Affiliated Committee, Joint Fund		dership PAC Sponsor
	BILIRAKIS-CASTELL	I VICTORY FUND		1
	Mailing Address	PO BOX 606		
		TARPON SPRINGS	FL 34	688
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected		int Fundraising Representative	Leadership PAC Sponso
	nelationship.	Allillated Organization 30	int rundraising nepresentative	Leadership FAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional)	and position of the person in pos	session of committee
	Kilgore, Par	ul, , ,		
	Full Name			
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	GA 300	605
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		elephone number 706	- 534 - 7780
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treassistant treasurer).	easurer of the committee; and the	ne name and address of
	Full Name Kilgore, Par	ul, , ,		
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	GA 300	605
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

706

Telephone number

534

7780

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Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	30605
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu		e number 70	6
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the cor xes or maintains funds.	nmittee deposits fu	nds, holds accounts, rents
Name of Bank, [Depository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA	30606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Truist		
Mailing Address	1445 New York Ave NW		
	4th Floor		
	Washington	DC DC	20005
	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 Fundraisi	ng Participant:			
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
lame of Any Connected	Organization, Affiliated C	ommittee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spon
Mailing Address				
Relationship:	(CITY A	STATE A	ZIP CODE ▲
Connecte		d Committee Join	nt Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi			nt Fundraising Represent	tative Leadership PAC Sp
Pesignated Agent: Identi	d Organization Affiliated		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	d Organization Affiliated		nt Fundraising Represent	Leadership PAC Sp
Pesignated Agent: Identi	d Organization Affiliated		nt Fundraising Represent	Leadership PAC Sp
Pesignated Agent: Identi	fy by name, address (phone	e number – optional)		
Pesignated Agent: Identi	d Organization Affiliated Affilia		state A	Leadership PAC Sp
Pesignated Agent: Identi Full Name Mailing Address	d Organization Affiliated Affilia	e number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated fy by name, address (phone of the control of the contro	e number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated fy by name, address (phone of the content of the conten	e number – optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION Lianks or Other Deposite afety deposit boxes or management of Bank, First N	Affiliated fy by name, address (phone of the content of the conten	e number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the property of the propert	Affiliated of the price of the	e number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or management.	Affiliated for by hame, address (phone of the prices: List all banks or othe aintains funds.	e number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the property of the propert	Affiliated for by hame, address (phone of the prices: List all banks or othe aintains funds.	e number – optional)	STATE A	ZIP CODE A